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ABSTRACT

The Community Integration Project (CIP) was an outreach project implemented in four Virginia and Maryland school districts to support the inclusion of children with disabilities and their families in school and community early childhood programs. The project focused on the sharing of resources between local education agencies and school and/or community early childhood programs and on the development and support of early childhood inclusion teams. Four strategies were used to accomplish these objectives: (1) facilitate development of shared leadership between early childhood special and regular education programs; (2) build early childhood inclusion teams; (3) increase competencies of team members; and (4) assist teams in developing and implementing site-specific inclusion plans. During its 3-year period the CIP staff offered intensive training and technical assistance to approximately 320 professionals and paraprofessionals; hosted visits of professionals at model sites; sponsored three miniconferences on inclusion; published and disseminated an inclusion newsletter; disseminated project findings at state and national conferences; and submitted an article on inclusive instructional practices for publication. Project evaluation indicated that models of inclusion continually evolved over the 3-year period; concerns of professionals about inclusion decreased after training; children with and without disabilities demonstrated improved adaptive behaviors; and parents reported positive attitudes about inclusion. Nine appendices provide detailed evaluation materials, sample newsletters, and the article on instructional practices. (Author/DB)

Project CIP

Community Integration Project

FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
Grant Number: H024D10019

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Abstract

Community Integration Project: Project CIP

An Early Education Program for Children with Disabilities

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The Community Integration Project is an outreach project to promote and support the inclusion of children with disabilities and their families in school and community early childhood programs. The project has three major objectives:

- Promote the sharing of resources between LEAs and school and/or community early childhood programs.
- Develop and support early childhood inclusion teams in school and/or community programs through intensive staff development.
- Assist inclusion teams in addressing the needs of children and families involved in integration efforts.

Four strategies were used to support the accomplishment of these objectives.

- Facilitate the development of shared leadership between early childhood special and regular education programs in school districts and/or communities.
- Build early childhood inclusion teams in school/community programs.
- Increase competencies of team members in inclusive early childhood practices.
- Assist early childhood inclusion teams in developing and implementing site-specific inclusion plans.

During its three year period, CIP staff offered intensive training and technical assistance to approximately 320 professionals and paraprofessionals in four adoption sites; hosted visits for professionals from local, state, national and international programs at model sites; sponsored three miniconferences on inclusion; published and widely disseminated an inclusion newsletter; disseminated project findings at state and national conferences; and submitted an article on inclusive instructional practices for publication. The impact of Project CIP on (1) resource sharing, (2) staff development and (3) families and children involved in inclusion was evaluated using quantitative and qualitative measures. Findings indicated models of inclusion continually evolved and expanded over the three year period; concerns of professionals about inclusion decreased after training; children with and without disabilities demonstrated growth in their adaptive behaviors; and parents reported positive attitudes about inclusive opportunities for their children.

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I. GOALS AND OBJECTIVES OF THE PROJECT

The goal of the Community Integration Project is to promote and support the inclusion of children with disabilities and their families in school and community early childhood programs. The inclusion of young children with disabilities into early childhood programs has proven to be a rapidly growing and changing practice in the early 1990's. The staff of the Community Integration Project continually evaluated and refined their approach to reflect current research and best practices. Midway through the project period, CIP shifted from a training model that provided separate staff development opportunities for early childhood educators and early childhood special educators to a team-based, integrated training model. The revised objectives of the project are as follows:

1.0 Promote the sharing resources between LEAs and school and/or early childhood community programs.

2.0 Develop and support early childhood inclusion teams in school and/or community programs through intensive staff development.

3.0 Assist inclusion teams in addressing the needs of children and families involved in integration efforts.

Four strategies were used to support the accomplishment of these objectives:

- Facilitate the development of shared leadership between early childhood special and regular education programs in school districts and/or communities.
- Build early childhood inclusion teams in school/community programs.
- Increase competencies of team members in inclusive early childhood practices.
- Assist early childhood inclusion teams in developing and implementing site-specific inclusion plans.

The body of this report will briefly outline the conceptual framework for Project CIP, offer a description of the model and the outreach adoption sites, examine the evaluation findings and discuss the impact of the project. The appendices provide a more detailed report of several evaluation studies as well as samples of CIP written products.

II. CONCEPTUALIZATION OF THE MODEL

A. Introduction

Currently a ground swell of interest has focused the educational community on inclusive opportunities for children with disabilities. The increase in pressure to provide inclusive opportunities for young children with disabilities is attributable to several factors:

- *Research demonstrates preschool aged (3-5) children with disabilities benefit from being educated with their typically developing peers (Peck, Odom and Bricker, 1993; Salisbury and Smith, 1991; Strain, 1990).*

- *New regulations were established for providing services to young children with disabilities in Head Start Programs (Federal Register, 1993).*

- *Families are showing a growing interest in supported inclusive education for their children with disabilities (Wolery and Wilbers, 1994; National Parent Network on Disabilities, 1993).*

- *The majority of preschool children who begin in mainstreamed placements continue to be mainstreamed in kindergarten (Miller, Strain, McKinley, Heckathorn and Miller, 1993).*

- *The Goals 2000: Educate America Act includes a strong national commitment to provide a world class education to every child. It further proposes that this goal can be accomplished in the regular classroom for many children with disabilities (U.S. Department of Education News, 1993).*

B. Building Inclusion Teams Through Team-Based Staff Development

To meet this challenge, early childhood regular and special educators are seeking ways to work in concert with each other and with professionals from other disciplines. No single discipline can adequately meet all the needs of children with disabilities in an inclusive setting; rather high quality early intervention relies on the efforts of a team of professionals (Wolery, Strain and Bailey, 1992). As professionals come together, each individual brings technical and/or functional expertise. Examples of the varied expertise include: (1) regular educators bring the skills of developmentally appropriate practice, (2) special educators bring the skills of assessment and individualization, (3) paraprofessionals bring the experience of assisting with special education or regular education instruction, and (4) related service providers bring knowledge and practices of their specific disciplines.

When using a team approach to service delivery, the coordination of people and services is frequently overwhelming. It is difficult for team members to develop new roles and specific behaviors without an opportunity to develop a shared philosophy and knowledge-base. The team-based model of staff development, used in Project CIP, has been documented in current literature as a successful approach to training multidisciplinary groups (Swan and Morgan, 1993; Hanson and Widerstrom, 1993; Winton, 1990). The

involvement of the entire "working team" in CIP training activities allowed all team members to develop effective teaming skills as well as acquire skills in the area of inclusive practices.

Team-based staff development also provided a fertile ground for developing models of inclusion tailored to the resources and needs of each site. Current literature in early childhood interagency collaboration (Melaville and Blank, 1993; Smith and Rose, 1993; Morgan and Swan, 1993) offers guidance in delineating strategies for building collaborative models of service delivery. Through team-based training, all members of the multi-disciplinary teams were able to participate in shaping their unique inclusion option.

C. Best Practices in Inservice Training

The design of inservice training for this outreach project was greatly influenced by principles of adult learning and behavior change. In that CIP targeted change in instructional practices as a primary outcome of the training, it was extremely important to identify a powerful combination of inservice strategies. The following principles of adult learning adapted from Glickman's work (1992) were central to the design of these strategies.

- Learning draws upon the competencies of the learner.
- Learning is an active, cooperative venture focused on teams.
- Learning emphasizes inquiry, problem-solving and reflection.
- Learning is outcome-oriented.
- Learning promotes shared language and communication processes.
- Learning activities offer the learner a choice of plans and practices.
- Learning is documentable.
- Learning is relevant to the work of the learner.

CIP was further guided by best practice indicators in early childhood and early intervention inservice literature (Kontos and File, 1993; SIFT, 1994; Johnson and McCracken, 1994). One of the most recent articulations of quality indicators for early intervention inservice training has been developed by The Southeastern Institute for Faculty Training, a federal project to support university faculty in providing quality inservice training in early intervention. The design of CIP reflects the structures and strategies addressed in these quality indicators.

- Will efforts be made to conduct team-based training?
- Will efforts be made to attract an interdisciplinary audience?
- Will the training be actively endorsed and or attended by administrators?
- Will experiential activities and modeling/demonstration be included?
- Will handouts be provided?
- Will training strategies be varied and sequenced in such a way as to meet the needs of different learning styles?
- Will training strategies be used for applying ideas to the work place?
- Will trainees identify specific ideas/practices that they want to try in the workplace?

- Will ongoing support, monitoring, and technical assistance be provided?
- Will the actual impact of the training on practices be measured or evaluated?

Finally, CIP inservice training practices incorporated an empowerment model of consultation where the major emphasis was placed on enhancing the capacity of the client to identify needs and mobilize resources (Cash and Minter, 1979; Dunst and Trivette, 1988; Dunst, Trivette and Deal, 1988) Basic assumptions about the roles of the client and the consultant in the consultation process, e.g., need for the client to participate in the diagnosis of the problem, the responsibility of the client in identifying potential solutions and an action plan, and the belief that the client is most able to determine successful solutions, were woven into CIP training and follow-up activities.

D. An Ecological Approach to Systems Change

Changing to quality inclusive programming is a complex process and impacts many levels or systems in the school organization. Bronfenbrenner's (1979) ecological model of human development served as the basis to examine the complex interrelationships between systems impacted by CIP training and technical assistance efforts. In this project, Bronfenbrenner's micro-, meso-, exo-, and macro-systems were roughly correlated with the interrelationships between classroom practices, team relationships, organizational structures, and the culture of the school. This model was able to account for both behavior in the primary setting, such as the classroom, and the larger social contexts in which the primary setting was embedded.

Peck, Furman and Helmstetter (1993), utilizing Bronfenbrenner's model, analyzed indicators affecting the survival of inclusive programs. Their findings revealed that social context factors, such as compatibility of instructional practices, breadth and degree of collaboration within the organization, and congruence of values, were as important, if not more important, than actual teacher behavior change.

Drawing from the research of Peck and colleagues (1993), CIP continually defined and refined its outreach strategies depending the unique circumstances and contextual backgrounds of each site. CIP involved individuals from multiple agencies and interest groups in order to impact the values and beliefs as well as secure the investment of greater numbers of individuals in the local initiative. CIP efforts also reaffirmed Peck's conclusion that "any program development or change effort must be conceptualized as a general strategy, not as a procedure or model to be followed in a lock step fashion" (p. 199). The next section, Description of the Model, delineates the strategies central to the Community Integration Project.

III. DESCRIPTION OF THE MODEL

A. Outreach Strategies

The goal of the Community Integration Project is to promote and support the inclusion of children with disabilities and their families in school and community early childhood programs. Four strategies were used to support the accomplishment of this goal.

Strategy #1 Facilitate the development of shared leadership between early childhood special education programs and early childhood regular education programs in school districts and/or communities.

Strategy #2 Build early childhood inclusion teams in school and community programs.

Strategy #3 Increase competencies of team members in the area of inclusive early childhood practices.

Strategy #4 Assist early childhood inclusion teams in developing and implementing site-specific inclusion plans.

1. Strategy #1 Facilitate the development of shared leadership between early childhood special education programs and early childhood regular education programs in school districts and communities.

Leadership comes in many forms and from many people. It is the sustained, persistent and shared leadership of many that truly mobilizes improved services for children and families (Blank and Lombardi, 1991).

School administrators, representing both regular and special education, play a crucial role in the development and implementation of inclusive options for young children with disabilities. Yet administrators are often stifled by policy barriers including program standards, transportation, personnel standards, and fiscal policies, as well as attitudinal barriers held by personnel, community, and parents (Smith & Rose, 1994). Project CIP offered support and guidance to administrators as they learned about inclusion options and attempted to create new options in their schools and communities.

CIP used a three stage process to nurture and develop administrative leadership in support of inclusion. This process included (1) consensus building; (2) shared responsibility; and (3) transfer of ownership. Key elements of each stage are listed in Exhibit III.1 (on the following pages).

Exhibit III.1
Process for Developing Shared Leadership

Consensus Building	
1.	A climate for change is present--key decision makers, direct service providers and/or general populace see a need for and support change.
2.	Advocacy exists in key leadership position/s--leader is willing to sponsor inclusion initiative.
3.	Key players coalesce, e.g., leaders from general and special education support initiative and commit resources.
Shared Responsibility	
1.	An effective administrative entity for initiative exists--administrative staff in regular and special education programs are identified by school district or community programs to actively collaborate as a "leadership team" with project staff.
2.	Roles and responsibilities of project staff and local staff are determined--tasks are divided equitably with administrative issues typically allocated to the local staff and programmatic and attitudinal issues to the project staff.
3.	A shared vision of inclusion is developed beginning with the determination of mutual goals, a shared philosophy, and a pilot project.
4.	United effort on the part of the "leadership team" is visible in the training and on-site technical assistance efforts.
Transfer of Ownership	
1.	Leadership team shares ownership for results of collaborative work.
2.	Project staff share expertise with local staff to promote continuation of inclusion training.
3.	Inclusion workshops are co-lead by project staff and local staff.
4.	Local staff assumes full responsibility for on-site technical assistance.
5.	Local staff assumes full responsibility for inclusion initiative.

2. Strategy # 2 Build early childhood inclusion teams in school and community programs.

As CIP progressed, it became obvious that quality inclusive education was a result of quality inclusive teaming. Development of site-specific or program-specific inclusion teams was a key element to the success of Project CIP. Team members consistently included a regular and special educator and often included teaching assistants, related service providers, and administrators.

a. Securing a Shared Commitment

The first step in forming inclusion teams was to enroll a specific school or community site. Factors to consider when selecting a training site included: (1) the presence of building-level administrative support; (2) stability of staff; (3) necessary support systems available and accessible; (4) quality of the program; and (5) parental support. Enrollment of sites required the approval of the administrator and sometimes the approval of a preschool board or a parent body.

After sites were selected, the commitment of individual staff members was sought. All potential participants were invited to an informational meeting which offered both a written and a verbal description of the project explaining expectations and incentives for the program. The expectations included attendance at all the training sessions and the development of an inclusion plan for the upcoming school year. The incentives included staff development led by highly qualified professionals, team planning time, and stipends for training that occurred after working hours. After discussion with the project staff and further discussion with the administrator, the staff then independently decided whether or not to participate in the project.

b. Team Building Activities

The training activities were specifically designed to interweave team building activities with other training content. For example inclusion teams sat together during the group sessions; approximately one-third of the training time was devoted to relevant team planning or problem solving activities; teams were asked to define the purpose of their on-site, follow-up sessions; and ultimately teams were required to develop an inclusion plan to fit the needs and resources of their school.

3. Strategy #3 Increase competencies of team members in the area of inclusive early childhood practices.

a. Content of the Training

Having team members who share a philosophy about early childhood education and have a common repertoire of practices contributes significantly to the success of inclusion programs. CIP training activities were designed to facilitate the development of shared beliefs and expertise. CIP offered workshops that addressed attitudes, knowledge and skills central to inclusive early childhood education. Philosophy and practices of inclusive early childhood education were discussed from an early childhood and special education perspective, always searching for common ground among members of the inclusion team. Although training content varied depending on the skills of the staff and their familiarity with developmentally appropriate practices, training topics typically included the classroom environment, events in the daily routine, behavior management, designing instruction for diverse groups of children, team planning, language and play facilitation and family involvement. A complete listing of workshops offered in each adoption site can be found in this section, Part B, Adoption Sites.

b. Design of the Training

The primary training activities consisted of group training sessions, on-site follow-up sessions, and visits to model sites. Twelve to fifteen hours of group training focused on increasing participants' knowledge and skills relative to inclusive early childhood education. Project staff provided on-site follow-up after every training session to assist trainees in transferring workshop information into classroom practice. The focus of the follow-up sessions was pre-determined by the inclusion team, not the trainer, thus offering a coaching rather than evaluative relationship.

Training was carefully designed to promote team building and behavior change. The following principles guided the design of all the staff development activities.

1. Learning is a *cooperative/active* venture focused on teams.
2. Learning promotes *shared language and communication processes.*
3. Teaching process promotes *teacher behavior change*: inform, demonstrate, guided practice, on-site coaching.
4. Learner has *choice* of plan and practices to use.
5. Learning is *personalized and goal-oriented* using the follow-up "contract" sheet and follow-up visit.
6. Learning is *relevant* to the work of the learner.

Participants rated each workshop on four dimensions: (1) relevance; (2) interactiveness; (3) understandable; (4) usefulness. Appendix A contains a summary of all the workshop ratings and significant findings related to the participants' evaluations.

c. Sequence of Training Activities

Training activities were planned on a nine month training cycle (coordinated with the school calendar). Each adoption site experienced a similar chronology of training activities which is outlined in Exhibit III.2 (found on the following page).

Exhibit III.2
Chronology of Training Sequence

Event	Format	Time
Information/Enrollment of Team	On-Site	2-3 hours
Pretest Participants/Needs Assessment	On-Site/ Workshop	1 hour
Clarifying Beliefs	Group Workshop	3 hours
Visit to inclusive program	Model Site	3-6 hours
Inclusion Practices	Group Workshop	3 hours
Follow-up on practices	On-Site	2-4 hours
Inclusion Practices	Group Workshop	3 hours
Follow-up on practices	On-Site	2-4 hours
Inclusion Practices	Group Workshop	3 hours
Follow-up on Practices	On-Site	2-4 hours
Inclusion Practices and Complete Inclusion Plan	Group Workshop	3 hours
Finalize Inclusion Plan and Gain Administrative Approval	On-Site	2-4 hours
Post-test participants	On-Site/ Workshop	1 hour

4. Strategy #4 Assist inclusion teams in developing and implementing site-specific inclusion plans.

Great accomplishments are preceded by great visions. (Senge, 1990)

Team building activities do not build great teams; meaningful challenges that require group effort build great teams. In CIP, a project approach was used to facilitate the development of teams and provide documentable results for team efforts. The project approach to staff development is a flexible, learner-centered strategy that presents varied opportunities for participation, thereby accommodating different modes of learning and providing practice of newly acquired skills in a real life context. Each team was required to complete a team project, e.g., to create a site-specific inclusion plan. To accomplish this, teams practiced skills of problem solving, clarified roles and responsibilities, and allocated human and material resources for their inclusion project. Each team received ongoing support from the project staff and local staff to address both administrative and programmatic issues. A written plan describing their inclusion option was completed by each team at the conclusion of the nine month training cycle.

B. Adoption Sites for Outreach Efforts

1. Alexandria, Virginia: Alexandria City Public Schools and Community-based Early Childhood Programs.

In Alexandria, Virginia inclusive opportunities were offered to preschool-age children with disabilities in community-based programs. Project CIP provided training to prepare the early childhood staff for inclusion in each of the community-based sites. Training was also offered to Alexandria City Public School professionals interested in inclusion.

Between September 1991 and June 1994, six early childhood programs, located at nine sites in Alexandria, participated in the Project CIP's training series. Of the six, four programs were community-based preschools and two were community-based day care centers. The preschools and day care centers served children ages 2-5.

Approximately 150 individuals attended the CIP workshop series in Alexandria including administrators, early childhood regular educators, early childhood special educators, assistant teachers and related services providers. Exhibit III.3 indicates the numbers of participants by position. Eleven participants neglected to complete the "title" section of the workshop evaluations and are listed as "position unknown". Throughout this report the category "assistant teachers" represents a combination of special education and regular education assistant teachers..

Exhibit III.3
Alexandria Participants Project CIP

Position	Number
Administrators	14
E.C. Regular Education Teachers	58
E.C. Special Education Teachers	11
Assistant Teachers	54
Related Services Provider	2
Unknown Position	11
TOTAL	**150**

Project CIP offered workshops at each early childhood program to prepare teachers for inclusion of children with disabilities. Workshops were individualized for each program. Between 1991 and 1994 a total of 32 workshops were delivered. Each preschool and day care center received 12 to 15 hours of workshops on four topics. Alexandria Day Care fell short of this target because they lost funding after their 1st year of collaboration with CIP. Creative Play schools preferred shorter workshops which enabled them to address more topics.

Workshops were also offered to teachers from the Alexandria City Public Schools. The first series of four workshops, offered in 1991-92, prepared early childhood special education teachers for community-based inclusion roles. The workshops offered in 1992-93 were open to all Alexandria City Public School pre-kindergarten, kindergarten teachers, and first grade teachers. The purpose of this series was to increase staff knowledge regarding inclusive practices and promote best practices for working with diverse groups of children. The following exhibit delineates workshops offered by site, year, and title.

Exhibit III.4
Alexandria, VA. Workshops Offered by Site, Year, and Title

Early Childhood Outreach Site	No. of Trainees	Year	Workshop Titles
Alexandria Day Care	8	1991-92	Learning About Disabilities Strategies for Good Behavior
Creative Play Schools (Day Care)	22	1991-92	Learning About Disabilities Promoting Motor Development in Young Children Three Keys to Large Group Time Sign Language Teaching Multiple Ability Levels Transitions Language Facilitation
Meetinghouse Cooperative Preschool	10	1991-92	Learning About Disabilities Adapting Your Environment Planning a Unit Get Them Talking
Trinity MOPS Preschool	19	1991-92	Adapting Your Environment The Daily Routine Curriculum Development
ACPS Early Childhood Special Education Program	4	1991-92	Developmentally Appropriate Practices Team Building Coaching Designing and Leading In-Service Workshops
ACPS E.C. Regular and Special Education Programs	34	1992-93	Challenging Behavior Promoting Social Competence Developmentally Appropriate Practices Instructional Continuum
Beverly Hills Church Preschool	8	1993-94	P.I.E. - Plan, Implement, Evaluate Play Facilitation Language Facilitation 3 Keys to Successful Large Group Time
Network Preschool	13	1993-94	Language and Story Time Transition Family

2. Fairfax County, VA: Fairfax County Public School's Preschool Special Education and Family and Early Childhood Education Programs.

Fairfax County Public Schools, Virginia provided inclusive opportunities for children, ages 3-5, in nine elementary schools where FECEP (Headstart) and special education preschools programs were co-located. At each site the inclusion team(s) designed site-specific models of inclusion based on student population as well as local needs and resources. Models included mainstreaming, reverse mainstreaming, partial inclusion and full inclusion. Exhibit III.5 describes each site by type of class involved depicts schools involved.

Exhibit III.5
Fairfax Schools Involved in Project CIP

School	FECEP	SPED
Belvedere	1	3
Forestdale	2	2
Timberlane	3	2
Freedom Hill	2	2
Poplar Tree	1	2
North Springfield	1	1
Bucknell	4	3
Clearview	1	3

A total of 80 people participated in CIP training activities. Exhibit III.6 delineates participants by position and number.

Exhibit III.6
Fairfax Participants in Project CIP

Position	Number
Administrators	5
Early Childhood Regular Education Teachers	32
Early Childhood Special Education Teachers	49
Assistant Teachers	16
Related Service Provider	8
Unknown Position	9
TOTAL	80

Project CIP conducted six workshops in Fairfax County Public Schools. In 1992-93 CIP assumed full responsibility for planning and leading the workshop. In 1993-94, Fairfax County administrators co-planned and co-led two workshops with CIP staff. Exhibit III.7 lists presentations by year, title, and number of participants.

Exhibit III.7
Fairfax Workshops by Year, Title, and Number of Participants

YEAR	TITLE	NUMBER
92	Clarifying Beliefs	28
93	P.I.E. - Plan, Implement, Evaluate	27
93	Challenging Behaviors	27
93	Inclusion Looking Back-Looking Forward	28
93	Merging Theme and Curriculum	30
94	Providing All Services in the Inclusive Classroom	36

3. Anne Arundel County, Maryland: Anne Arundel County Public School's Early Childhood Interventions Programs, Early Education Programs and Kindergarten Programs.

Anne Arundel County, Maryland offered inclusive opportunities to preschoolers with disabilities by promoting collaboration between the school district's early childhood regular and special education teachers, preschool through kindergarten. In 1992-93 four schools were selected with four different configurations of early childhood classes. Some schools had kindergarten, regular pre-kindergarten (EEEP) an early childhood special education (ECI) while others only had kindergarten and ECI or EEEP and ECI. In 1993-94, three additional schools were selected making a total of seven. Exhibit III.8 describes each site by year, school, and type of classes involved.

Exhibit III.8
Anne Arundel County Schools Involved in Project CIP

Year	School	Special Education Preschool	Kindergarten	EEEP (Chapter 1)
1992-94	Marley Glen	3		1
1992-94	Quarterfield	2	2	
1992-94	Freetown	1	2	1
1992-94	W.Annapolis	1	1	
1993-94	VanBokkelen	1	2	1
1993-94	Brock Bridge	2	2	
1993-94	Oakwood	1	1	

Participants in Project CIP included a full range of educational professionals, e.g., administrators, teachers and assistant teachers and related service providers. Exhibit III.9 delineates participants by position and number. Three respondents neglected to indicate their position and are listed as "unknown position".

Exhibit III.9
Anne Arundel County Participants in Project CIP

Position	Number
Administrators	10
Early Childhood Regular Education Teachers	16
Early Childhood Special Education Teachers	13
Assistant Teachers	17
Related Service Providers	6
Unknown Position	3
TOTAL	65

Anne Arundel County participants from all the sites participated together in the group training. An effort was made at each workshop session to address individual site needs. Between 1992 and 1994 a total of eight workshop topics were offered. All of the workshops in 1994 were co-planned and co-lead with Anne Arundel County staff. Exhibit III.10 lists workshops by year, title, and number of participants.

Exhibit III.10
Anne Arundel County Workshops by Year, Title, and Number of Participants

Year	Title	Number Participants
1992	Clarifying Beliefs	32
1993	Making Time & Room for Play	27
	Play Facilitation	25
	Story Time	28
1994	Making the Most of Child Initiated Play Time	24
	Language Facilitation	20
	Large Group Times	20
	Snack: An Ultimate Teaching Time	23

4. Charles County, Maryland: Charles County Public School's Early Intervention Programs, Early Education Programs and Headstart Programs.

During the 1993-94 school year nine schools in the Charles County Public Schools, Maryland participated in CIP outreach training. In four of the elementary schools, regular and special education classes had already initiated an inclusive program. The other five elementary schools participated in CIP training, but did not operate school-based inclusion programs. These schools housed either special education preschool program or regular education pre-kindergarten programs in their buildings, but not both, thus limiting inclusion opportunities.

Exhibit III.11
Charles County Public Schools, Involved in Project CIP

School	Spec.	Pre-K	Inclusion Site
Dr. Higdon E.S.	1	1	
Gale-Bailey E.S.	1	1	✓
Malcolm E.S.	1	1	✓
Gwynn Center	4	2	✓
Eva Turner E.S.		1	✓
Indian Head E.S.		1	
Dr. Mudd E.S.		1	
Jennifer E.S.	1		
Mt. Hope E.S.		1	

Twenty-nine staff participated in the CIP training series. Exhibit III.12 depicts participants by position and number of participants.

Exhibit III.12
Charles County Participants in CIP Training

Position	Number
Administrator	1
Early Childhood Regular Education Teachers	11
Early Childhood Special Education Teachers	4
Assistant Teachers	13
Related Service Providers	0
Unknown Position	0
Total	29

Two Charles County inclusion workshops were planned and implemented in 1993. Two other workshops were planned but not implemented due to weather-related school cancellations.

Exhibit III.13
Charles County Workshops by Year, Title, and Number of Participants

Date	Title	No. Participants
1993	Teams	26
	Family Involvement	26

IV. METHODOLOGICAL OR LOGISTICAL PROBLEMS

Methodological Problem: Request by US DoEd to Expand Scope of Outreach Work

The Community Integration Project grant application was conceptualized as an outreach project designed to increase the capacity of a community (Alexandria, Virginia) to offer inclusive placements to preschool-age children with disabilities and their families. The proposed outreach was an intense look at how to work collaboratively with the child care community and the public schools in a community to effect change at the system and the service delivery levels. As part of the grant negotiation process, GWU was asked by the US DoED to expand the original application to include more communities. Modifications were made at this time in the original grant to include one to two new adoption sites, e.g., new communities or school districts, each year and offer a newsletter, starting in Year II, to disseminate project findings. These changes required a shift in staff roles and responsibilities and a decrease in the intensity with which training and technical assistance would be offered at each adoption site. In the altered model, CIP staff offered one year of intensive training and technical assistance to a site followed by a second year of less intensive training and technical assistance done in collaboration with local school district staff. The training schedule over the three years appears in Exhibit IV.1.

Exhibit IV.1
Revised Training Work Scope for CIP

Adoption Sites	Year I	Year II	Year III
Adoption Site #1: Alexandria, VA	• Intensive work with 4 E.C. programs • Intensive work with E.C. special educators	• 4 training sessions for E.C. staff in ACPS • Intensive work with 1 E.C. program	Intensive work with 1 E.C. program
Adoption Site #2 Fairfax County Public Schools, VA		• Workshops offered to 9 E.C. programs • Intensive work with 4 E.C. programs	• 2nd year follow-up with four programs • Year II workshops offered to 10 programs
Adoption Site #3 Anne Arundel County Public Schools, MD		• Intensive work with 4 E.C. programs	• 2nd year follow-up with four programs • Year II workshops offered to 7 programs
Adoption Site #4 Charles County Public Schools, MD			• Workshops offered to 9 programs • Intensive work with 4 E.C. programs

Methodological Problem: Change of Administration and Focus in Adoption Site #1

Alexandria City Public School (ACPS) and Alexandria Community Early Childhood Programs were the original collaborators in the CIP proposal. Prior to the submission of the grant application, the commitment of the ACPS Department of Special Education, the Superintendent of ACPS and the ACPS Board of Education was obtained. Several early childhood programs in the community also expressed an interest in participating in this project.

During the summer of 1991, after the grant was awarded and prior to the September start date, ACPS hired a new Director of Special Education. The new Director was reluctant to honor the CIP commitments of tuition and transportation reimbursements due to a mandate from the School Board to tighten the special education budget in the area of tuition for out-of-district placements. Early childhood community-based placements were considered out-of-district placements. Each year of the grant ACPS did honor its commitment to provide tuition and transportation to children with disabilities placed in community programs, but most years only after intense lobbying of the ACPS Board of Education. This reticence to financially support community-based inclusion options has limited the institutionalization of community-based placements in Alexandria.

In the post-funding period, the Alexandria community early childhood programs have created a project called *Children Together* to continue the support of children with disabilities and their families in community placements. The School District continues to provide Special Education support for children placed in community programs but has discontinued tuition or transportation support for community-based placements.

Logistical Problem: Very Severe Weather in Winter of 1994

During the winter of 1994, the Washington, D.C. area was fraught with very severe weather which canceled schools in all outreach sites for five to ten days in the month of January. All workshops which were scheduled for those days were canceled and make-up days were very difficult to arrange since most of the teacher inservice days became snow make-up days. This was particularly difficult in Charles County, MD, a rural county, which canceled most inservice days from February to the end of the year. We altered our commitment to Charles County, only providing 2 workshops and hosting site visits in nearby Maryland and Virginia adoption sites.

V. EVALUATION FINDINGS

A. Overview

The Community Integration Project was designed to build the capacity of early childhood programs to include children with disabilities. The evaluation component of CIP focused on two broad issues: (l) the impact of CIP on inclusion; and (2) the impact of inclusion on children and families. To address the first issue--the impact of CIP on inclusion--the evaluation findings discuss the efficacy of two strategies used to support inclusive options: (1) resource sharing and (2) staff development. Further, evaluation findings describe the impact of inclusive opportunities on children and families. As background information, Exhibit V.1 delineates the objectives, anticipated outcomes, research questions, and instrumentation used in the CIP evaluation component.

Exhibit V.1
Project CIP Evaluation Component

IMPACT OF SHARING RESOURCES	
Objective #1: Enable inclusion opportunities for young children with disabilities by promoting the sharing of resources between LEAs and early childhood programs.	
Outcome 1 The sharing of resources will increase opportunities for inclusion.	
Questions: What resources were shared? What changes occurred as a result of sharing resources?	Methodology: Staff field notes were summarized to present cases of resource sharing and its impact on various programs involved with CIP.
Outcome 2: Leadership advocacy groups will be formed at each outreach (adoption) site.	
Questions: Who was part of the leadership advocacy group? What actions did they take to advocate for inclusion?	Methodology: Staff field notes were summarized to present the development of leadership advocacy groups and their impact on the development and sustenance of inclusive options.

Exhibit V.1 (continued)

IMPACT OF STAFF DEVELOPMENT	
Objective #2: Enable early childhood programs to include children with disabilities through staff development activities.	
Outcome 1 Trainees concerns about integration reflect a movement from personal competency to instructional concerns.	
Question: How did the trainees' change in their concerns about inclusion?	Methodology: Stages of Concern Questionnaire from Concerns Based Adoption Model (Hall, George and Rutherford, 1977) yielded profiles for each adoption site and for trainees by position using a pre- and post- and 12 months post- training design. The profile indicates the relative intensity of participants' concern about implementing inclusive models ranging from Stage 0, awareness concerns to Stage 6, refocusing concerns. Analysis of this data will reveal the changing concerns of participants over an 18 month period.
Outcome 2: Trainees will identify practices which promote inclusion in early childhood settings.	
Question: What practices did participants feel were important in inclusive programs?	Methodology: Focus groups comprised of early childhood regular and special educators provided information about practices that were central to quality inclusive programming. These practices were grouped into four categories: classroom practices, professional collaboration, organizational practices and values and beliefs based on the work of Peck and colleagues (1993). They were then rated by the same focus group members to determine the relative degree of importance of each practice. The analysis yielded a list of quality inclusive practices in each of the four categories.
Outcome 3: Inclusion teams will construct unique models of inclusion based on the needs and resources of the school/program.	
Questions: How did the early childhood inclusion models evolve? What impacted the teams ability to provide inclusive opportunities?	Methodology: Each team participating in CIP training completed an Inclusion Plan at the conclusion of the training. One year after the training, teams in two of the three outreach sites completed an informal questionnaire which provided an update on their model of inclusion. These plans were summarized to provide a longitudinal perspective.

Exhibit V.1 (continued)

IMPACT OF INCLUSION ON CHILDREN AND FAMILIES	
Objective #3: Inclusion opportunities will have a positive impact on children with and without disabilities and their families.	
Outcome 1: Children with disabilities involved in inclusive programs will demonstrate positive developmental gains.	
Question: What is the nature and degree of developmental gains made by children with disabilities in inclusive placements?	Methodology: In one of the adoption sites, the Batelle Developmental Inventory was administered in a pre-post test design to measure developmental gains and the percent of IEP goals mastered by each participating child was calculated.
Outcome 2: Children with and without disabilities will adapt to the personal and environmental demands of an inclusive setting.	
Question: To what degree are children with and without disabilities able to successfully adapt to the personal and environmental demands of an inclusive program?	Methodology: In two of the adoption sites, the Coping Inventory (Zeitlin, 1985) was administered at the beginning and end of the year to children with and/or without disabilities who participated in inclusive options. The regular and special educator co-scored the inventory.
Outcome 3: Families of children with and without disabilities will express positive attitudes about inclusion.	
Question: To what extent did parent's expectations about inclusion change during the course of a year's experience?	Methodology: In two of the adoptions sites, an Early Childhood Mainstreaming Survey was administered to families of children with and without disabilities in a pre-post test design over a 8 month period. Survey yielded information on elements of mainstreaming which were a benefit or concern for children with and without disabilities and their families.
Question: Did the families of children with disabilities feel inclusive programming had a positive impact on their child?	Methodology: In one of the adoption sites, parents of children with disabilities were asked to complete a Parent Satisfaction Survey at the end of each year. Quantitative and qualitative data was compiled from the responses.

B. Impact of Resource Sharing

Outcome 1: Sharing resources will increase opportunities for inclusion.

Creating quality inclusive options necessitates the blending of resources at both the administrative and programmatic levels. Throughout the CIP funding period, project staff worked intensely with each adoption site to promote the sharing of resources between early childhood regular and special education. Exhibit V.2 delineates modifications made in three of the adoption sites which promoted the sharing of resources.

Exhibit V.2
Examples of Shared Resources In Three Adoption Sites

Issue	Alexandria, VA: Community-based options	Fairfax County, VA School-based options	Anne Arundel County, MD School-based options
Program Standards	LEA used state licensing regulations and NAEYC accreditation as standard for selecting E.C. program as inclusion sites.	Co-training between E.C. regular and special staff in HiScope curriculum promoted the development of a blended curriculum.	
Personnel Standards	Assigning two early childhood special educators to home-resource positions on a full time basis ensured services were provided by certified personnel.	Co-teaching between early childhood special and regular education teachers ensured special education service delivery was supervised by special education personnel.	Co-teaching between early childhood special and regular education teachers ensured special education service delivery was supervised by special education personnel.
Fiscal Allocations	• Determined the portion of the day that required public funding of tuition. • Combined special education, at-risk child care money, and program scholarships to pay for full day placements for children with disabilities in full day programs. • Community-based programs waived requirements for material and registration fees for children with disabilities.	• Used Preschool Grant funds from Part B (619 money) to support inclusion activities and to offer training and technical assistance to staff involved in inclusion. • Sharing of classroom materials between programs.	• Used Preschool Grant money to support training and technical assistance for staff involved in inclusion. • Shared classroom materials between programs.
Church/ State	Established guidelines to determine the separation of church and state: (1) absence of religious curriculum and compulsory religious activities; (2) separate board of directors; (3) E.C. program pays rent to church; (4) separate bookkeeping/audit systems.	N/A	N/A
Eligibility	Worked with DHS to determine children who are eligible for both child care subsidy money and special education tuition reimbursement when placing a child in an all-day child care program.	Co-location of FECEP and Preschool Special Education programs allows all children from both programs to be involved in integration experiences. Classrooms were co-taught by personnel from both programs.	Combining the kindergarten, EEEP and/or ECI programs allowed children from all E.C programs to be involved in integration experiences. Classrooms were co-taught by personnel from all programs.
Transportation	School district provided transportation for children with disabilities to community-based programs, as needed.	• School by school effort to rearrange transportation so children arrive and depart at the same time. • Field trip money shared to allow joint field trips.	• Shared transportation on field trips.

Exhibit V.2 (continued)

Coordinate/ Cooperate	• Shared staff development between E.C. special and regular education programs • Release time for employees in community/school programs to be involved in training and planning sessions • All regular and special education teachers agreed to meet 1/2 hour per week for planning sessions • Regular education teachers flexible in daily schedule to accommodate "itinerant" teacher's schedule. • Community-based early childhood program directors met regularly to resolve difficulties of inclusive programming and public-private collaboration.	• Shared staff development between E.C. special and regular education programs and related service providers. • Regularly planned team meeting time scheduled between the regular and special education teachers (assistant teachers, when possible). • Leadership team of early childhood regular and special education specialists met regularly to address barriers, plan inservice training and discuss follow-up strategies. • Leadership team co-trained with CIP staff in final phases of the outreach grant. • Teaching teams designed daily routines that allowed times for inclusion activities. • Teams co-lead parent orientation activities to promote inclusion at the family level.	• Shared staff development between E.C. special and regular education programs and related service providers. • Regularly planned team meeting time scheduled between the regular and special education teachers (assistant teachers, when possible). • A leadership team of early childhood regular and special education specialists met to plan training, discuss site-specific problems and develop action plans. • Leadership team co-trained with CIP staff in final phases of the outreach grant. • Administrator in each building participated in training and as active members of building-level inclusion teams. • Teaching teams designed daily routines that allowed times for inclusion activities.

Outcome 2: Leadership advocacy groups will be formed at each adoption site.

Two examples of leadership advocacy groups for inclusion illustrate the unique way each adoption site developed a system to sustain their inclusion efforts.

Alexandria Directors' Group: A Community-Based Leadership Team

In Alexandria, the Directors of the Early Childhood Programs participating in CIP became the primary leadership advocacy group for community-based inclusive programs. Alexandria community-based programs participating in the Community Integration Project included three private non-profit half-day preschools and all-day childcare centers which were privately owned. The Directors of these programs met with CIP's Project Director quarterly during Years 2 and 3 of the project. The agendas of these meetings included discussions about payment of school fees by the ACPS, transportation issues, scheduling of therapies by related service providers for children enrolled in community programs, and sharing of successes and difficulties with teachers, parents and other collaborative partners.

As CIP began its final year of funding, the Director's group began to work towards institutionalizing community-based placements for young children with disabilities. The group held a meeting with representatives of the ACPS, City Council, Mayor's office, School Board, DHS and Office for Early Childhood Development, Early Childhood Development Commission, and parents of children with disabilities to seek support for continued community-based inclusive options for children with disabilities. At this meeting, the Directors received general support on a new proposal for a multi-agency collaborative project, **Children Together,** which would sustain key elements of CIP.

Representatives of the Alexandria Directors' group then proceeded met with the ACPS Office for Special Education to determine a formula for continued collaboration. ACPS agreed to (1) continue providing community-based special education services and (2) use ChildFind personnel to refer targeted families of children with disabilities to community-based inclusion programs. **Children Together** agreed to find funds for (1) tuition and transportation costs for children with disabilities from low income families and (2) training and planning stipends for teachers in the community programs. **Children Together** was granted funds by Alexandria City Council for up to $47,000 contingent upon the group raising a matched amount from private sources. To date, approximately $10,000 has been contributed by the participating community-based early childhood programs giving **Children Together** the opportunity to provide tuition assistance for children from low income families for the 1994-95 school year. The Directors' group under the leadership of a volunteer project coordinator is now working to secure the remaining funds from foundation, corporate, and private charitable gifts.

Fairfax County Public Schools (FCPS): A School District Leadership Team

In 1991-92 Fairfax County's Preschool Special Education Program (PSSE) and Family and Early Childhood Program (FECEP) received federal funding for a preschool inclusion project, the Collaborative Integration Project. This was a collaborative grant between FCPS preschool special education and regular education programs. Its main focus was to offer training to staff in schools where FECEP and PSSE classes were co-located.

The following year, Fairfax County Public Schools continued to build their early childhood inclusion initiative by becoming a CIP outreach site. At the leadership level, CIP staff worked with PSSE and FECEP program specialists to explore strategies for resource coordination between PSSE and FECEP programs. Procedures inhibiting integration were identified and steps were taken to address concerns. Major challenges centered around staff hours, classroom location, lunch location, planning time and scheduling, as well as instructional issues such as differing curriculums and means of assessment.

In 1993-94, FCPS program specialists expanded their leadership team to include two more PSSE specialists. This FCPS leadership team became the primary support system for each school-based inclusion team, working to resolve procedural and administrative problems. To support ongoing expansion of inclusion options this team developed an "orientation to inclusion" workshop series for staff, an annual principal meeting to discuss building level inclusion issues, a joint FECEP and PSSE parent orientation meeting at each school and a monthly meeting of the leadership inclusion team to monitor progress and make future plans.

With the conclusion of CIP, this team continues to be actively involved in starting new inclusion models and refining already existing models. In the past two years the team delivered at least 3 presentations at the state and national level on inclusion and served as a model site for visitors from other counties, states and nations. They have authored or co-authored three federal grant applications to support future inclusion efforts and have been successful in securing some funding to support training and technical assistance needed for their efforts.

C. Impact of Staff Development

Outcome 1: Trainees concerns about inclusive programming will reflect movement from personal concerns to instructional concerns.

The concerns of teachers about implementing inclusive programs was measured with the Stages of Concern Questionnaire (SoCQ), an self report rating scale. The SoCQ is part of the Concerns-Based Adoption Model (CBAM) developed by Hall and Loucks at the Research Development Center for Teacher Education at the University of Texas in Austin. The CBAM is based on the assumption that change is a personal experience and that individuals involved in change go through identifiable stages in their feelings about adopting an innovation as well as their skill in implementing it. The Stages of Concern (SoC) dimension of the CBAM

focuses on the concerns of individuals involved in the change process (Hall, 1979). Research has identified seven stages of concerns that users of an innovation may have. According to the CBAM SoC, a person is at one of the first stages of concern, e.g., awareness, informational, or personal when first introduced to an innovation; as implementation gets underway, management concerns become more intense; later in the change process, the last three stages of concern, e.g., consequence, collaboration and refocusing, predominate. An individual is likely to have some degree of concern at all seven stages at any given time, yet the relative intensity of concern will vary as implementation progresses. Concerns appear to be developmental in nature moving from self or personal concerns to task concerns and finally impact concerns. Exhibit V.3 illustrates this progression.

Exhibit V.3

Stages of concern: Typical Expressions of Concern about Adopting An Innovation

	Stages of Concern	Expressions of Concern
I	6 Refocusing	I have some ideas about something that would work even better.
M		
P	5 Collaboration	I am concerned about relating what I am doing with what other instructors are doing.
A		
C	4 Consequence	How is my use affecting kids?
T		
T		
A	3 Management	I seem to be spending all my time getting material ready.
S		
K		
S	2 Personal	How will using it affect me?
E	1 Informational	I would like to know more about it.
L	0 Awareness	I am not concerned about it (the innovation).
F		

Reprint from Hord, Rutherford, Hulling-Austin and Hall (1987) ***Taking Charge of Change***. Alexandria, VA: ASCD.

The following, an edited excerpt from Hord and colleagues (1987), explains further the developmental nature of the Stages of Concern model.

When a change effort is in its early stages, teachers are likely to have *self-concerns* (stage 0, awareness; stage 1, information; stage 2, personal). They will want to know more about the innovation, when it will begin, and the kind of preparation they will receive. Personal concerns will also be intense during this time. Teachers may be concerned about their ability to execute a new program or about making mistakes. *Task concerns* (stage 3, management) typically become more intense as final preparations are make for beginning use of an innovation and

during the early period of use. Time management, preparation of lessons, instructional organization are all common concerns of this period. Impact *concerns* (stage 4, consequence; stage 5, collaboration, and stage 6, refocusing) are most intense when concerns center around the effects of an innovation on students and what can be done to improve the effectiveness of the program. It is most probable that concerns will develop in a wave pattern. That is, self-concerns will be most intense in the early change process and abate with time, and task or management concerns will rise. Only after management concerns have been reduced do impact concerns tend to intensify.

In Project CIP, the Stages of Concern Questionnaire (SoCQ) was completed three times by all participants in the training in a pre-, post- and 12 months post-test design. The SoCQ consists of 35 statements, each of which reflects a possible concern about integration, the innovation in this study. Respondents were asked to rate each statement using a scale ranging from 0-7, indicating the extent to which the statement reflected the respondent's current feelings. The response of 0 indicates the concern is irrelevant, 1 = not true of me now, 3 and 4= somewhat true of me now, and 6 and 7 = very true of me now. Raw scores were converted to percentile scores based on the responses of a stratified sample of 646 individuals involved in experiences with innovations (Hall, George and Rutherford, 1977). A copy of the SoCQ appears in Appendix B.

The results of CIP participants in three adoption sites, Alexandria, Virginia community early childhood programs, Fairfax, Virginia and Anne Arundel County, Maryland Public Schools, are included in this report. Exhibit V.4 and V.5 show the distribution of respondents by county and by position.

Exhibit V.4
Distribution of SoCQ Respondents by Adoption Site

Adoption Site	N for Pre-test	N for Post-test	N for 12 Months after Post-test
Alexandria Community E.C. Programs	55	40	21
Fairfax County Public Schools	38	30	23
Anne Arundel County Public Schools	24	24	22

Exhibit V.5
Distribution of SoCQ Respondents by Position

Position	N for Pre-test	N for Post-test	N for 12 Months after Post-test
Early Childhood Special Educator	13	21	15
Early Childhood Regular Educator	43	41	18
Related Service Provider	13	4	2
Assistant Teacher	28	22	4
Administrator	9	5	6

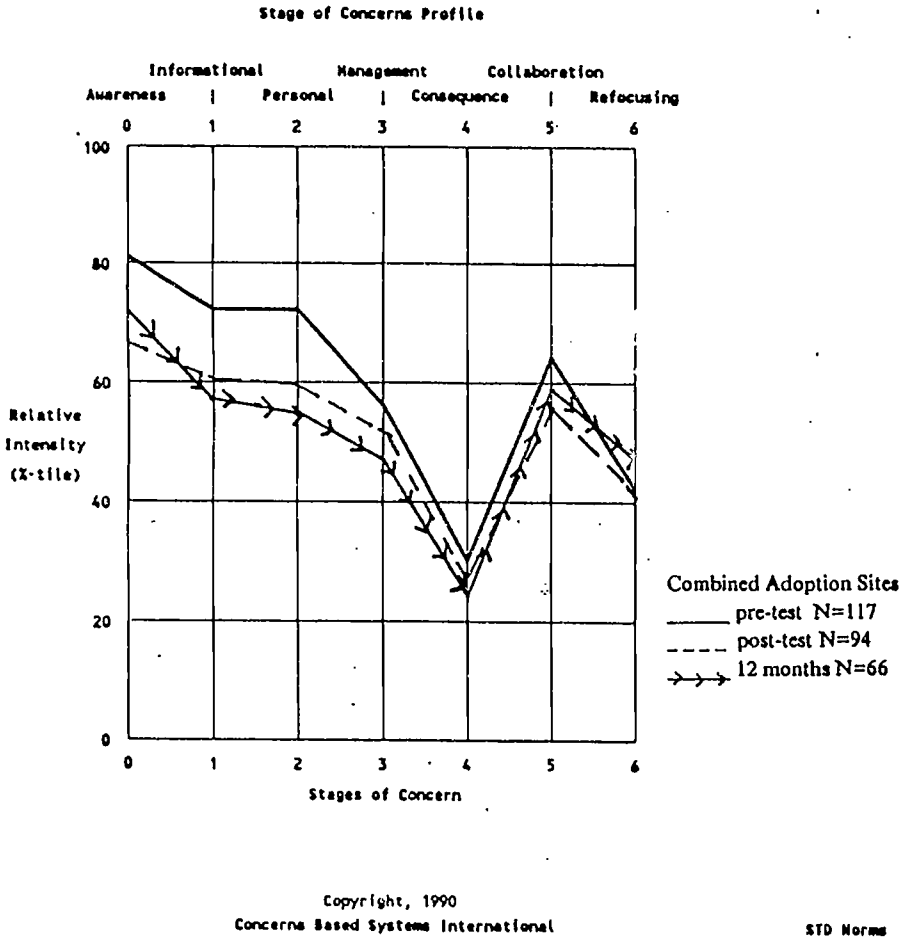
The data yielded group profiles in which respondents were grouped in two ways: (1) by adoption sites and (2) by position. Profiles were interpreted by looking at the relative overall intensity of concerns and by analyzing the intensity of specific stages of concern overtime. It was anticipated that the highest intensity of concerns at the pre-test or pre-training stage would be self-concerns (stages 1, 2 and/or 3). As respondents became more familiar with the innovation and neared the implementation stage, task or management concerns were anticipated to become more intense.

Group profiles of the adoption sites appear in Exhibits V.6 through V.9. Each group profile exhibits data from all three data collection periods, e.g., pre-, post- and 12 month post-test. The following findings emerged as the data was examined.

- The nature of innovation can skew the intensity of concern at a specific stage. In the case of integration, it appears that collaboration is a consistently intense concern, regardless of the users' familiarity with integration. This appears very logical in that integration is an innovation that requires teams of professionals to work together to support students with disabilities in classes with typically developing peers. The relative intensity of concerns around collaboration remained high, e.g. hovering around 60% in all three evaluation periods on the composite profile of the three counties (Exhibit V.6).

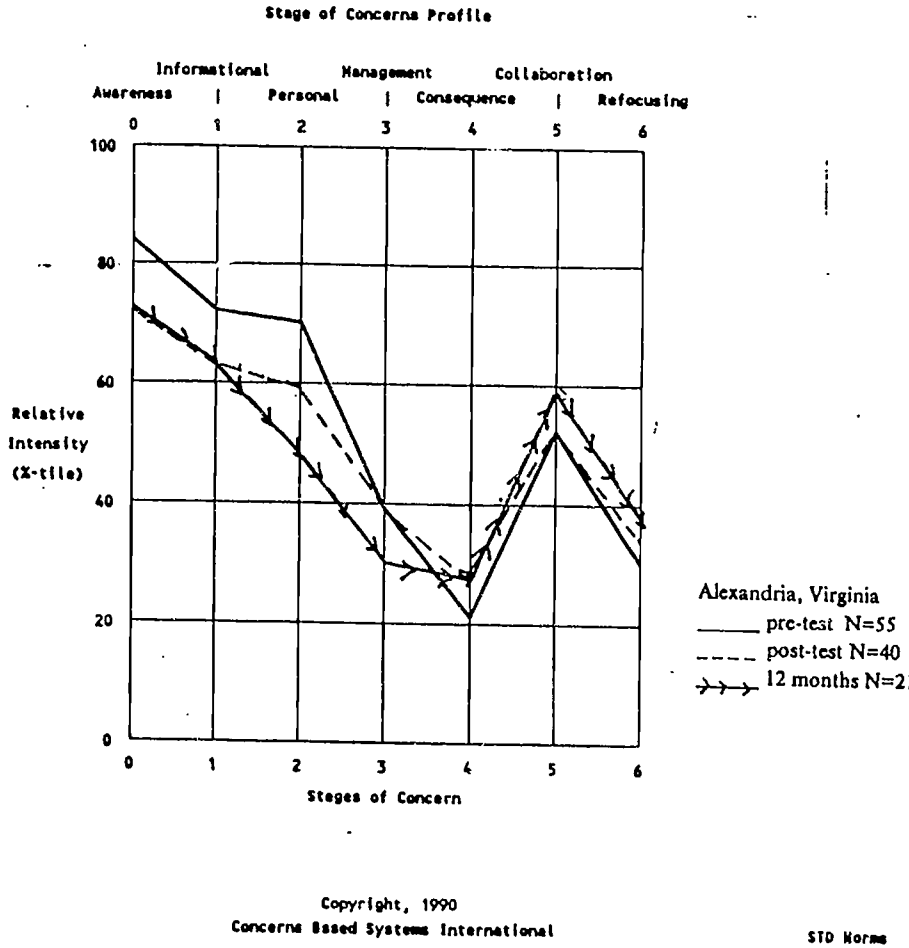
- The profile of the combined adoption sites (Exhibit V.6) illustrates the changing concerns professionals felt about inclusion. The greatest decrease in concerns over the 18 month period was in self concerns, stages 0-2; followed by a lesser decrease in management concerns and an increase in impact concerns. In Anne Arundel County Public Schools and Alexandria Early Childhood Programs where integration was a new model, the self concerns registered most intense at the onset and showed the greatest decrease in intensity overtime. In Fairfax County Public Schools, where teachers were already receiving training on integration management and impact concerns showed a greater decrease in intensity overtime than did self concerns.

Exhibit V.6
SoCQ: Composite of Three Adoption Sites



STD Norms

Exhibit V.7
SoCQ: Alexandria, Virginia



STD Norms

Exhibit V.8
SoCQ: Fairfax County Public Schools, Virginia

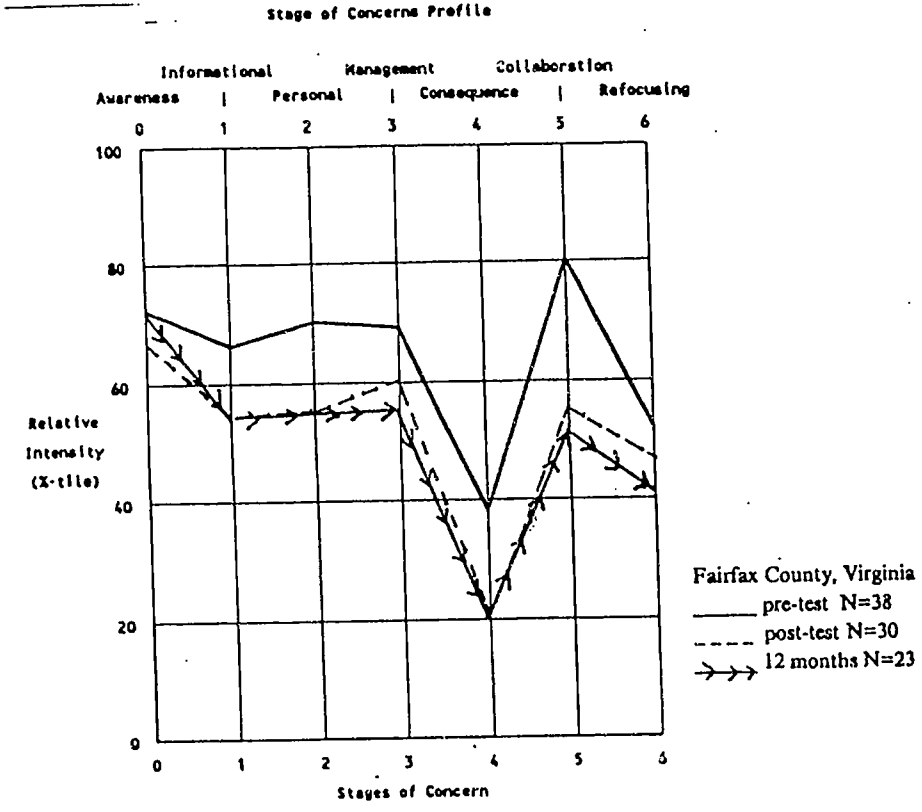
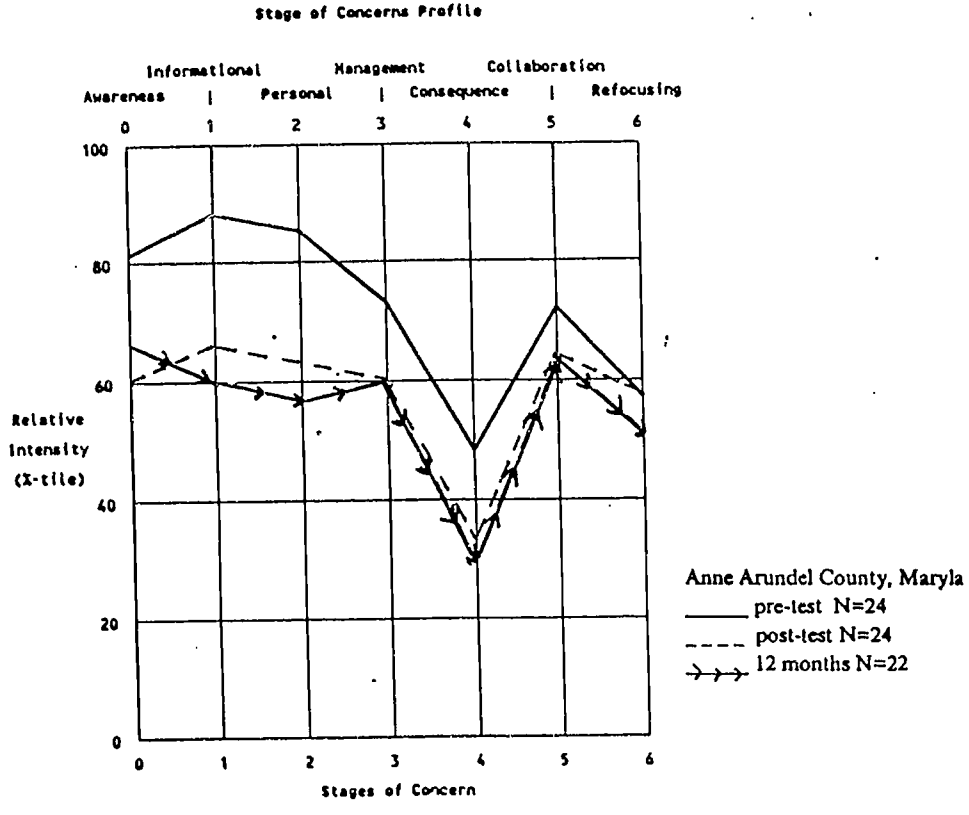


Exhibit V.9
SoCQ: Anne Arundel County Public Schools, Maryland



- In all adoption sites, the relative intensity of concerns dropped after training but showed minimal reduction between post training and the 12 month follow-up period. In the follow-up period the average relative intensity of concerns was in the 50% range. Exhibit V.10 shows the mean intensity for each test period for each adoption site.

Exhibit V.10
Mean Relative Intensity of Concern by Adoption Site

	Relative	Intensity of	Concerns
Adoption Site	Pre-training	Post-training	12 months Post
Alexandria Community Programs	53%	49%	48%
Fairfax County Public Schools	64%	51%	50%
Anne Arundel County Public Schools	72%	58%	56%
Composite of All Three Counties	60%	52%	52%

Profiles for the trainees by position appear Exhibits V.11 through V.15. Positions that were identified for analysis were Early Childhood Special Educators, Early Childhood Regular Educators, Related Service Providers, Assistant Teachers, and Administrators. The data collection process did not allow assistant teachers to be further identified as associated with special education or regular education programs. Each group profile exhibits data from all three collection periods, e.g., pre-, post- and 12 month post-test. The following findings emerged as the data was examined.

Exhibit V.11
SoCQ: Early Childhood Special Educators

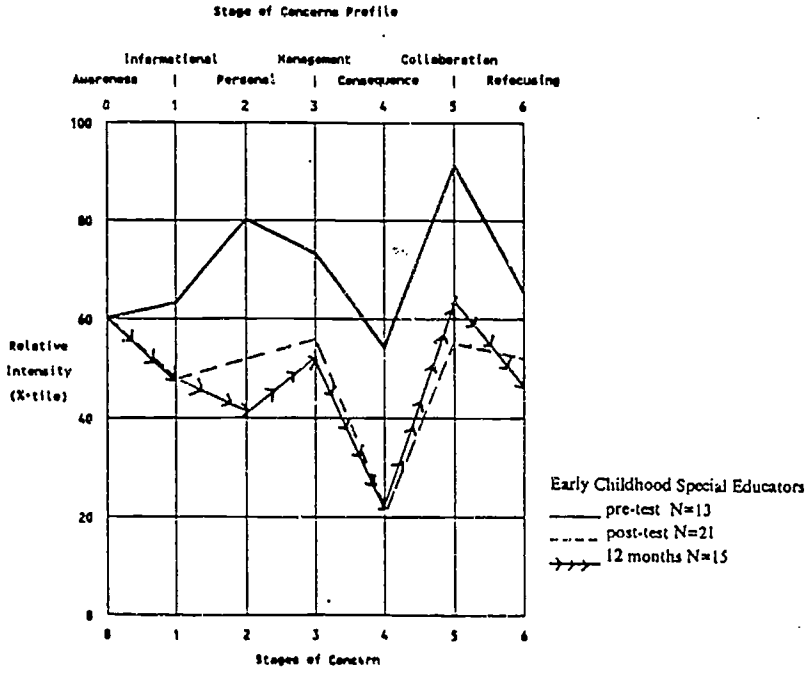
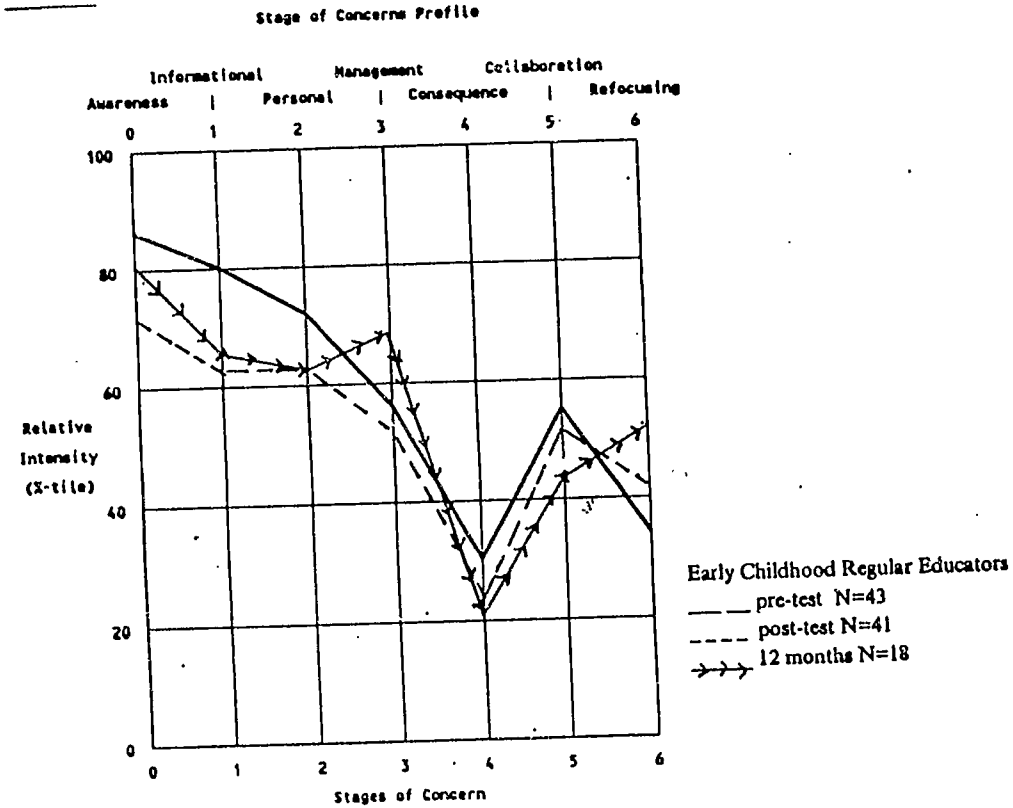
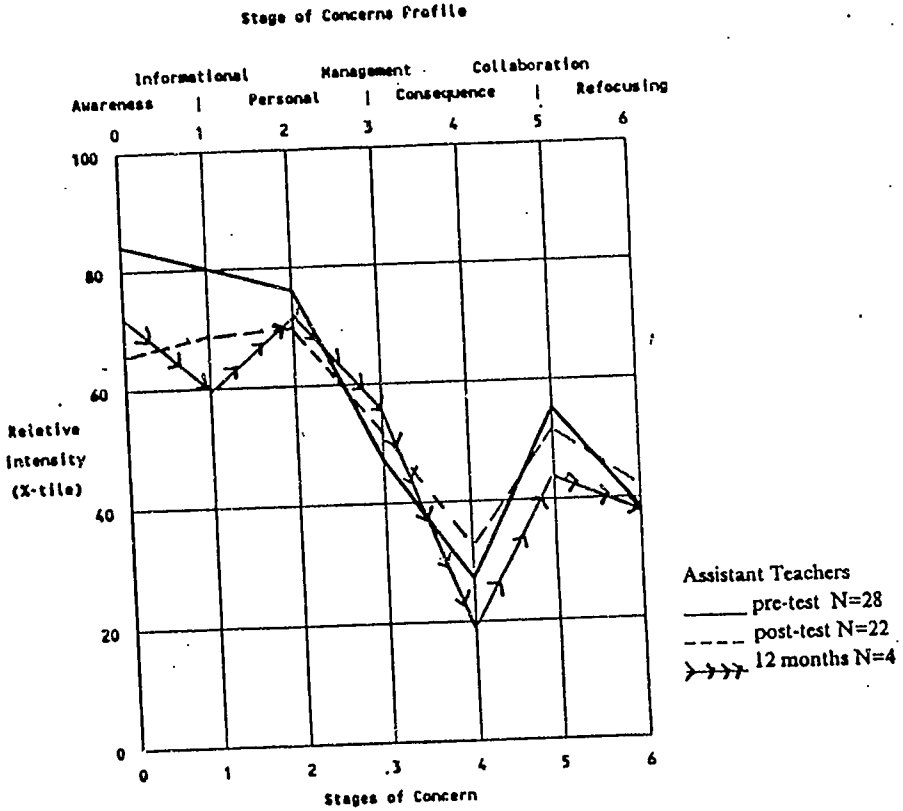


Exhibit V.12
SoCQ: Early Childhood Regular Educators



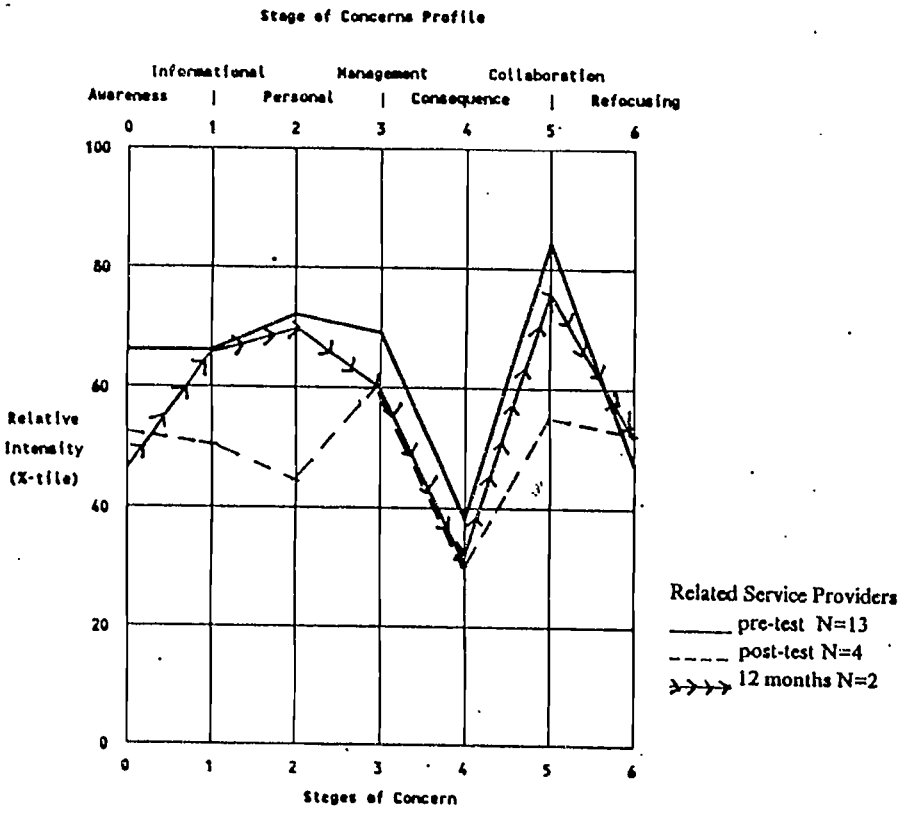
STD Norms

Exhibit V.13
SoCQ: Assistant Teachers



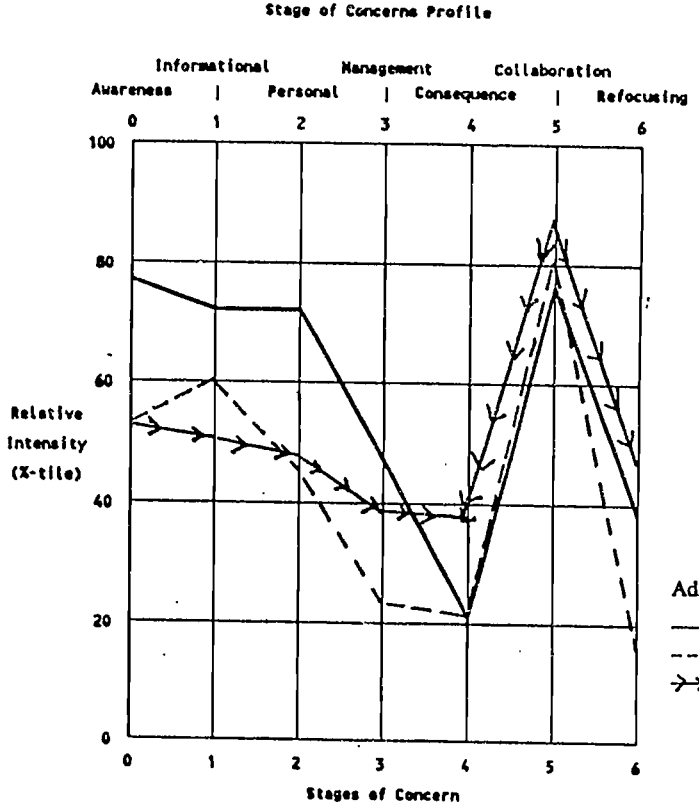
STD Norms

Exhibit V.14
SoCQ: Related Service Providers



STD Norms

Exhibit V.15
SoCQ: Administrators



STD

- As seen in Exhibit V.11, there was an overall decrease in the relative intensity of concerns at all stages for the early childhood special educator. This decrease in concerns occurred immediately after the training and was sustained through the follow-up period. The greatest decrease in concerns was at stage 2, personal competency concerns and stage 4, concerns about impact of inclusion on the child.

- As seen in Exhibit V.12, the early childhood regular educator maintained a high level of self-concern, e.g. stage 0, 1 and 2 with an increase in management and refocusing concerns at the 12 month post-evaluation period. SoCQ interpretation information suggests this may indicate a desire on the part of the trainees to return to old practices due to the difficulty of implementing the innovation.

- As seen in Exhibit V.13, the assistant teachers showed a decrease in self-concerns overtime with no marked change in any other stage of concern.

- As seen in Exhibit V.14, the related service providers showed a large decrease in five out of the six stages of concern after the training and an equally large increase in concerns at the 12 month evaluation, especially at stage 1--information; stage 2--personal; and stage 5--collaboration. This data must be interpreted cautiously in that it represents a very small sample in the post-test (N=4) and 12 month post-test (N=2) periods.

- As seen in Exhibit V.15, administrators' intensity of concerns decreased in the self and management areas after the initial training but showed an increase in management and impact concerns at the 12 month post-evaluation.

Outcome 2: Trainees will identify practices which promote inclusion in early childhood settings.

The identification of practices which promote inclusion of children with disabilities in early childhood programs was an anticipated outcome of CIP. A three phase evaluation process, which combined qualitative and quantitative methodology, was used to gather this information.

In the first phase of this process, an outside evaluator led focus groups and individual interviews with twenty-three CIP trainees in Anne Arundel County, Fairfax County and the City of Alexandria. Thirteen of the focus group/interview participants were pre-kindergarten regular education teachers, two were kindergarten teachers, six were preschool special education teachers, one was a special education teaching assistant, and one was a speech/language therapist. The trainees were asked their perceptions about practices which promote quality inclusive programs for young children with disabilities. The focus group/interview questions appear in Appendix C. The focus group/interview discussions were taped, transcribed and analyzed by project staff using Bronfenbrenner's Ecological Model of Human Development as a frame of reference (Peck, 1993). Statements were sorted into four

groups: (1) classroom practices, (2) professional collaborations--teams and parent-teacher; (3) organizational factors; and (4) values and beliefs. Duplicate statements were eliminated and all statements were reworded in a consistent format.

Approximately one year after the original focus groups\interviews, the statements which had been grouped into the four Bronfenbrenner categories, were organized into a survey form (see Appendix C). Original focus group/interview participants were asked to rate the degree to which each statement supported quality inclusion using a five point rating scale. Nine questions were included in the survey which asked the respondents to rank answers in order of most to least important. Seventeen of the twenty-three original focus group/interview participants completed this stage of the study.

The survey was tabulated and statements that averaged 3.6 or above were included on a follow-up survey which was administered approximately two months after the first survey. This follow-up survey contained significantly fewer items and asked respondents to rank statements in order of importance within subsystem categories (the follow-up survey is in Appendix C). Respondents were also asked to rate statements on a 1 to 5 scale as they had on the first survey. Fifteen of the original focus group/interview respondents completed the follow-up survey.

The findings of the survey appear in Exhibit V.16. These findings provide guidance on best practices for inclusive early childhood programs. The statements which follow are listed in the order of importance--those listed first were ranked as most important; those listed last were ranked as least important. A more complete statistical analysis of these findings appears in Appendix C.

Exhibit V.16
CIP Findings on Best Practices In Early Childhood Inclusive Education

Classroom Practices Statements are listed in rank order
Practices that promote the engagement of children with disabilities in classroom activities: 1. Having a variety of material available for child-initiated play 2. Having a classroom divided into centers 3. Having materials of high interest to children 4. Having open-ended materials 5. Having materials where they can be seen 6. Being available in an area where children may need extra help 7. Modeling appropriate use of materials 8. Introducing appropriate ways to play with unfamiliar materials 9. Having plentiful materials
Practices that promote social interactions between children with and without disabilities: 1. Having a regular, consistent time for integration 2. Spending significant amount of time together (e.g. 1/2 of the time) 3. Having high interest multilevel toys (e.g. trucks, computer, dolls) 4. Having a consistent classroom for the integrated setting 5. Offering less structured activities (e.g. water table or bubbles) 6. Prompting by adults for appropriate social interaction (e.g. turn-taking, asking friend to play) 7. Having materials available that reflect familiar socio-dramatic scripts (e.g., housekeeping, fire station, or farm)
The time during the daily routine when there are the most social interactions between children with and without disabilities: 1. Indoor playtime 2. Outdoor playtime 3. Snack 4. Circle 5. Small group 6. Story time.
Classroom practices that promote skill acquisition for children with disabilities: 1. Having materials appropriate for a wide range of abilities 2. Modifying activities and materials to match abilities of children 3. Having age-appropriate materials 4. Adapting length of an activity to a child's attention span
Classroom practices that build a safe, nurturing milieu for children with disabilities: 1. Having a clearly defined and well organized classroom 2. Having consistent daily routine 3. Adjusting the routine to meet the needs of the children 4. Preparing children for changes in the routine 5. Alerting children when an activity is almost over 6. Having visual representation of the daily routine 7. Facilitating transitions with a consistent song or cue
Classroom practices that build a safe, nurturing milieu for children with disabilities: 1. Establishing rules at the beginning of the year 2. Modeling what children need to do, not telling them 3. Using verbal positive reinforcement specific to accomplishment (e.g., "good job hanging your coat up") 4. Using teacher proximity to focus and calm 5. Repeating/practicing the rules over time

Exhibit V.16 (continued)

Professional Collaborations: Teams and Parent-Teacher Collaborations
Statements are listed in rank order

Team teaching skills and procedures that support integration:

1. Teachers who are committed to idea of inclusion
2. Teachers who are willing try new things
3. Teachers who value and use the opinion of colleagues
4. Teachers who are willing to share responsibility for all children
5. Teachers who are willing try new things

Team teaching skills and procedures that support integration:

1. Regular team planning meetings
2. Having an agreed upon system for planning instruction
3. Frequent informal meetings to monitor/adjust program
4. Having an agreed upon system for setting goals for children
5. Having general educator work directly with children with disabilities
6. Having special educator coordinate therapies

Optimum time for regular weekly scheduled team meeting:

1. 1 hour
2. 2 hours
3. 1/2 hour
4. 2 + hours

The important topics to discuss at team planning meetings:

1. Planning units/activities
2. Discuss concerns about children
3. Share strategies/ideas
4. Discuss I.E.P. goals
5. Assign responsibilities for the upcoming week
6. Share and compare data on children
7. Share information about therapy
8. Discuss home visits

Practices that promote families' acceptance of integrated programming:

1. Being open and honest with parents about inclusion plans
2. Communicating to parents the benefits of inclusion for all children
3. Helping parents understand the importance of play for all children
4. Communicating regularly with parents by phone or note
5. Working with parents of children with disabilities to ensure that IEP needs are met
6. Supporting specific needs of families of children with disabilities
7. Explaining confidentiality regulations

Exhibit V.16 (continued)

Organizational Factors
Statements are listed in rank order

The administrative factors that promoted the successful integration of children with disabilities:

1. Having inclusion as part of the school mission or identity
2. Having administrators deal with administrative obstacles for teachers
3. Having programs follow the same calendars for teachers' inservice and student holidays
4. Having preschool general and special education staff attend same staff meetings
5. Limiting other professional demands on staff (e.g., projects, committees)
6. Being able to commingle regular and special education budgets to facilitate activities (e.g., snack and field trips)
7. Having an equal distribution of resources/materials between general and special education programs

The programmatic factors that promoted the successful integration of children with disabilities:

1. Having flexibility to make program changes that are best for children
2. Having stability of team members throughout the year
3. Having all children arrive and leave at the same time
4. Having easy physical access between classes doing partial integration
5. Having flexibility to make staffing changes that are in the best interest of the children (e.g. child:staff ratios)
6. Having team members work the same hours each day
7. Having "receiving school" participate in the placement process

In a class of 16, the ratio of typically-developing children to children with disabilities which would be most desirable:

1. 12:4
2. 14:2
3. 8:8
4. 15:1

Exhibit V.16 (continued)

Organizational Factors: Staff Development
Statements are listed in rank order

Staff development practices that promoted the successful integration of children with disabilities:
1. Having training that is built around teachers expressed needs
2. Having training and technical assistance to support integration
3. Promoting team interaction during training
4. Having time during workshops to plan as a team

The individuals important to have at training sessions:
1. ECE Early childhood educator
2. ECSE Early childhood special educator
3. Paraprofessional/assistant teacher
4. Speech/language therapist
5. Administrator
6. Occupational or physical therapist
7. Parents

Integration training would be most valuable:
1. Part before/part during inclusion
2. Prior to inclusion
3. During inclusion

The part of training most helpful in supporting inclusion:
1. Group workshop training
2. On-site follow-up session with trainer
3. Site visits to inclusive programs
4. On-site follow-up with school instructional specialists

Preference of the length of a training session:
1. Half-day
2. Full-day
3. 2-hour inservice after school

An ideal follow-up schedule with trainer would be:
1. 1 visit per month
2. 1 visit per group training session/workshop
3. 1 visit per week

The on-site follow-up by the trainer which was most helpful was:
1. Suggesting strategies and techniques
2. Classroom observations
3. Offering encouragement
4. Designing team materials like planning sheet
5. Facilitating/guiding team discussions
6. Providing materials
7 Facilitating meetings between teachers and administrators

Values and Beliefs

The values which promote inclusion of children with disabilities are:
1. Children with and without disabilities are more similar than different
2. All children should be given the opportunity to respond in their own way
3. Expectations should differ from child-to-child depending on their developmental level and learning style
4. Different children need different degrees of support to be successful in inclusive settings
5. Inclusive programs are better able to prepare children with disabilities for future mainstream placements than self-contained placements
6. Professionals have skills and knowledge to contribute to one another
7. All children benefit from their experiences in integrated classrooms

Outcome 3: Inclusion instructional teams will construct unique models of inclusion based on their needs and resources.

1. Evolution of Models of Inclusion.

The evolution of inclusion teams was tracked in two adoption sites, Fairfax County Public Schools (FCPS) and Anne Arundel Public County (AACPS). The teams were based in eight elementary schools. In Fairfax County teams consisted of teachers and assistant teachers in Family and Early Childhood Education Programs (FECEP) and Preschool Special Education Programs (PSSE). The Anne Arundel County teams included teachers and assistant teachers in the prekindergarten and kindergarten programs and preschool special education. Some teams in both counties included Speech/Language therapists, Occupational Therapists, and Physical Therapists.

Exhibits V.17 and V.18 depict the change each site experienced as their inclusion model evolved. Data on the evolution of inclusive models was gathered from team inclusion plans, observations and interviews. Analysis of inclusive models focused on three elements: the number of children involved, the amount of inclusion time per day, and the number of days inclusion occurred per week.

When these factors were considered, all eight teams showed positive growth in their level of inclusion during the grant funding period. In Fairfax County one site, Freedom Hill, jumped from integrating children with and without disabilities approximately one hour per week to full inclusion. Another Fairfax County school went from integrating some children a "few times per week" to integrating all students for two-thirds of the school day, five days per week. In this school, full inclusion is planned for the 1994-95 school year. Schools in Anne Arundel County started with virtually no inclusion occurring. Though they encountered many obstacles along the way, all four schools made substantial progress in implementing workable models of inclusion.

The bar graphs found on the right side of Exhibit V.17 and V.18 highlights the evaluations of inclusion in each school by examining three factors: (1) children, e.g. the percent of children involved in inclusive activities; (2) events, e.g. the percent of time each day children are involved in inclusive activities; and (3) days, e.g. the number of days per week children are involved in inclusive activities. The checkered bar graphs depicts the status of each factor at the end of Year I, the bar graph with horizontal lines illustrate status at the end of Year II and the diagonal graph represents Year III status, thus giving a picture of change over time.

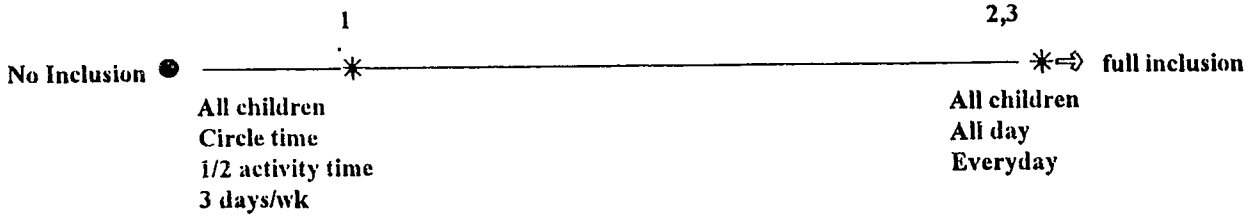
Interestingly, by spring of 1994, all of the Fairfax County inclusion program included all of their children. Three out of four schools scheduled inclusion activities four or five times per week while in the fourth school, inclusion activities occurred only twice a week. The greatest variability between teams appeared to occur in the amount of time/day the classes were integrated. This may reflect scheduling issues that were difficult to overcome, i.e., buses, cafeteria, and special subjects. In Anne Arundel County Public Schools, a steady increase occurred in amount of inclusion time per week, however, unlike Fairfax County, no teams were able to implement full inclusion. In all four schools by June 1994, the majority of students participated in inclusion activities. Number of days per week varied from two to four times per week.

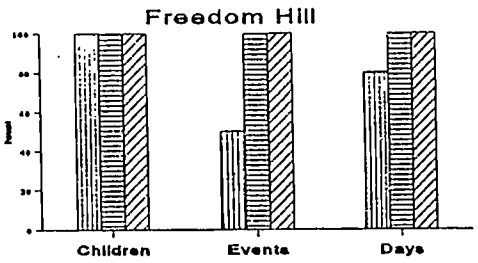
1=Program structure at end of Year 1
2=Program structure at end of Year 2
3=Program structure at end of Year 3

Exhibit V.17

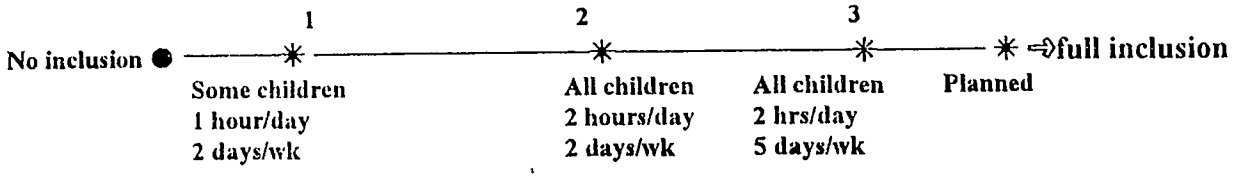
Fairfax County Public Schools
Evaluation of Models of Inclusion

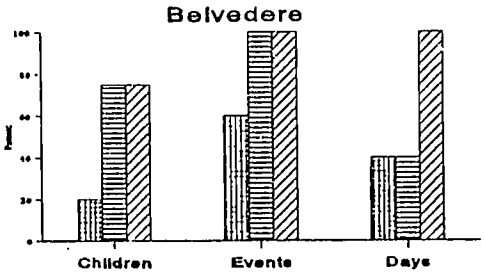
Freedom Hill



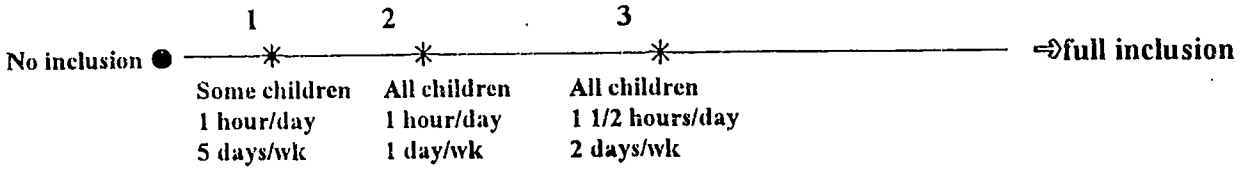


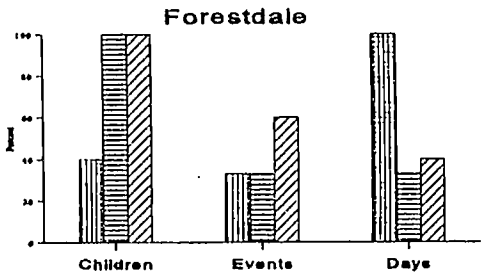
Belvedere



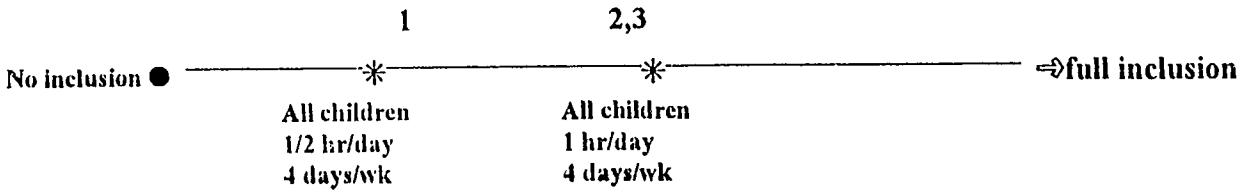


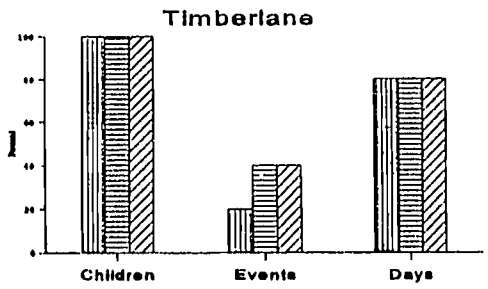
Forestdale





Timberlane

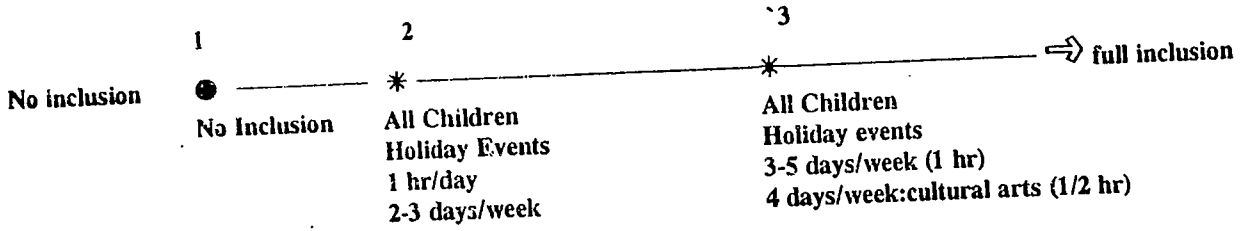




1=Program structure at end of Year 1
2=Program structure at end of Year 2
3=Program structure at end of Year 3

Exhibit V.18
Anne Arundel County Public Schools
Evaluation of Models of Inclusion

Marley Glen

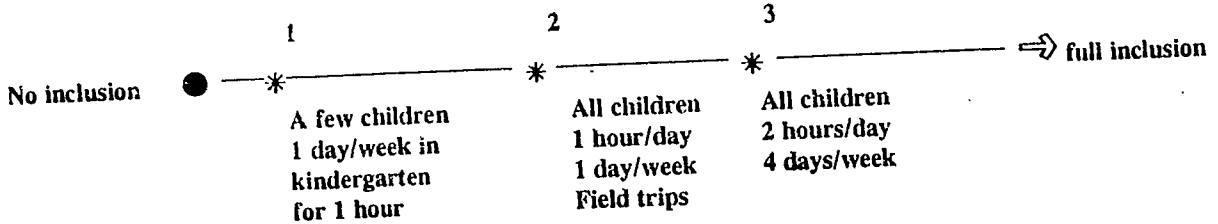


1 — No Inclusion

2 — All Children
Holiday Events
1 hr/day
2-3 days/week

3 — All Children
Holiday events
3-5 days/week (1 hr)
4 days/week:cultural arts (1/2 hr)

Quarterfield

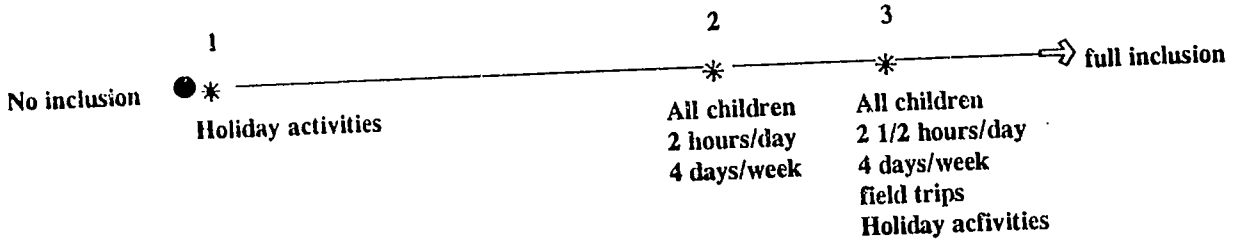


1 — A few children
1 day/week in
kindergarten
for 1 hour

2 — All children
1 hour/day
1 day/week
Field trips

3 — All children
2 hours/day
4 days/week

West Annapolis

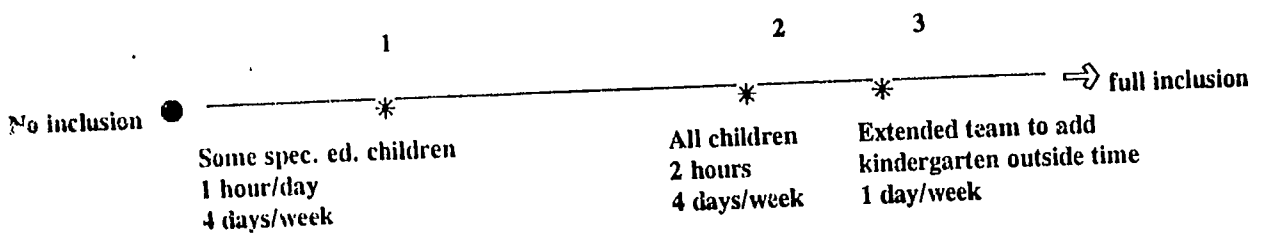


1 — Holiday activities

2 — All children
2 hours/day
4 days/week

3 — All children
2 1/2 hours/day
4 days/week
field trips
Holiday acfivities

Freetown

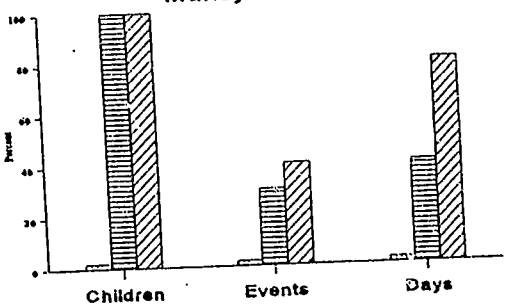


1 — Some spec. ed. children
1 hour/day
4 days/week

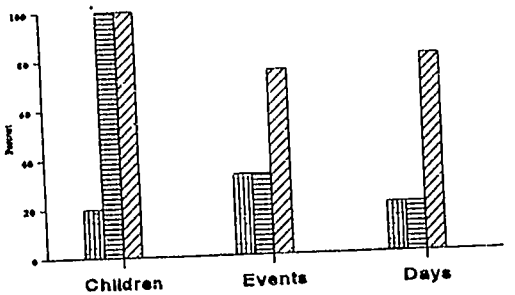
2 — All children
2 hours
4 days/week

3 — Extended team to add
kindergarten outside time
1 day/week

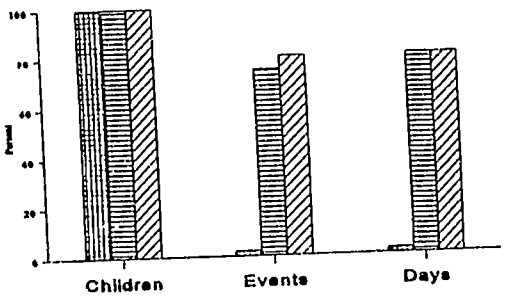
Marley Glen



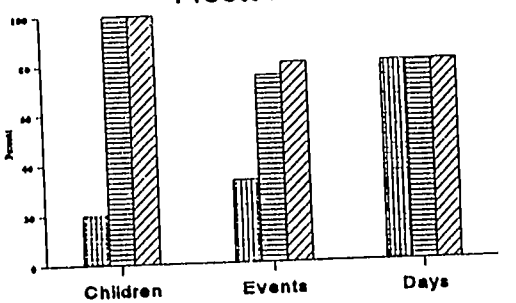
Quarterfield



West Annapolis



Freetown



2. Factors Impacting Models of Inclusion.

As a follow-up, twelve inclusion teams in FCPS and AACPS where asked "What impacted the changes in your model and or approach?". Four responses were reported by more than one team. They are as follows:

- Nine teams commented that level of team stability and/or willingness of team members to participate impacted th evolution of inclusion in their site.
- Five teams sited logistics and scheduling as having a critical impact on the evolution of their model.
- Five inclusion teams felt expert advice and/or general support for their model impacted their progress.
- Four teams reported that success with their inclusion efforts affected the course of their models evolution.

These factors were cited as both positive and negative influences on the evolution of their inclusion models.

D. Impact of Inclusion on Children and Families

The impact of inclusion on children with and without disabilities was evaluated in two sites in Virginia--Alexandria and Fairfax County, to assist school districts in measuring the effectiveness of their early childhood inclusion options. In that different research was conducted in Fairfax County and Alexandria, the specific site where the evaluation was conducted will be identified prior to offering the evaluation findings.

Outcome 1: Children with disabilities involved in inclusive programs will demonstrate positive developmental gains.

Example: Results of children with disabilities in Alexandria, Virginia

In Alexandria, community-based inclusive placement options for children with disabilities and their families were available from September, 1992 until the end of the 1994 school year. Twenty eight children with disabilities, ages two through four, were enrolled in community preschools and child care programs. Of the twenty eight children, 60% were in community placements for one year while 18% attended for two full years. All children were identified as "developmentally delayed" with a range of specific deficits including speech and language, cognitive, personal-social and motor.

Exhibit V.19
Demographics of Children with Disabilities in Alexandria, Virginia

	Age of children with disabilities			Ethnic Background				Gender		Need Financial Assistance	
	2 years	3 years	4 years	Black	White	Hispanic	Other	Male	Female	Yes	No
1992-93 N=16	0%	56%	44%	38%	50%	6%	6%	88%	12%	50%	50%
1993-94 N=12	8%	58%	34%	67%	8%	17%	8%	58%	42%	67%	33%

Progress of children with disabilities in inclusive placements was determined by examining two factors: (1) mastery of IEP goals; and (2) developmental progress on the Batelle Developmental Inventory. Data was collected on all children with disabilities who attended community-based programs for seven months or more.

Mastery of IEP goals

Each child with disabilities participating in the Community Integration Project (CIP) had an Individual Education Plan (IEP) which delineated areas of need and corresponding goals and objectives. IEP's were developed annually for each child and monitored quarterly. The mastery of IEP goals, based on established criteria, was measured to determine the developmental progress of each child.

The findings below represent the percentage of IEP goals mastered by June of 1993 and June of 1994:

- Overall, the children with disabilities in CIP mastered 69% of their goals with two-year-olds accomplishing 63%, three-year-olds accomplishing 68% and four-year-olds accomplishing 70%.

Exhibit V.20
Percent of IEP Goals Mastered by Age

School Year	2-Year-Old	3-Year-Old	4-Year-Old
1992-93	(N=0)	68% (N=6)	63% (N=8)
1993-94	63% (N=1)	67% (N=6)	77% (N=9)

- Children who spent one year in a CIP placement mastered 68% of their IEP goals, while children spending two full years in the program mastered 10% more of their goals (78%).

Batelle Developmental Inventory (BDI)

The Batelle Developmental Inventory (BDI) was given Year III of the project to measure the developmental progress of children with disabilities in areas of identified weakness. The BDI is a norm-referenced test for children ages 3-8 that is grouped into five developmental areas: communication, motor, personal-social, cognitive, and adaptive. In a pre-post test design, children with disabilities were evaluated by ACPS early childhood special educators in areas of significant delay. For example, if a child exhibited language and social delays, the BDI communication and personal-social sections were given in October and repeated in May. A prediction index (Esposito,1987) was applied to the pre-test and post-test data to factor out growth due to normal maturation. Average predicted gain (based on a child's pre-inclusion rate of growth) and actual gain (growth occurring while in the inclusive setting) were calculated for each child.

Findings include:

- All children with disabilities achieved a positive change in growth in at least one area of development.
- Averaged subtest scores for 12 out of 13 or 92% of the participating children met or exceeded their predicted gains on the BDI.
- 100% of the students met or exceeded their expected gains in personal-social skills.

Exhibit V.21
Relationship of Children to Predicted Gains on BDI

Number of children	Gains by Month
1	<0 months
3	0-2 months
5	2-4 months
4	4-6 months

Exhibit V.22
Percentage of Students Who Met or Surpassed Predicted Gains In Each Developmental Area

Interpersonal	Fine Motor	Gross Motor	Communication	Cognitive
N = 3	N = 9	N = 6	N = 11	N = 9
100%	67%	83%	91%	33%

Outcome 2: Children with and without disabilities will adapt to the personal and environmental demands of an inclusive setting.

The Coping Inventory (Zeitlin, 1985) is an observation instrument which was used to assess the ability of children to meet personal needs and adapt to the demands of the inclusive placement. The Coping Inventory has two categories: Coping with Self and Coping with the Environment. Each category has three dimensions that describe a child's coping style: productive, active, and flexible. Below are examples of statements in each category and dimension of the inventory.

Exhibit V.23
Examples of Statements on the Coping Inventory

Productive	Self	Child does not frustrate easily
	Environment	Child is liked and accepted by other children
Active	Self	Controls impulses so not to interfere with learning or social interaction
	Environment	Child actively involves self in situation
Flexible	Self	Child can be creative and original
	Environment	Child tries new things or activities on own

The Coping Inventory can be rated and scored by a wide variety of professional and nonprofessional persons. It uses a five point scale--(1) not effective, (2) minimally effective, (3) effective in some types of situations but not others, (4) more often than not effective, and (5) effective most of the time. X indicates that the behavior has not been observed.

Example A: Results of children with disabilities in Alexandria, Virginia

The Coping Inventory was administered in Alexandria during Year II and Year III of the project. Over the two years, twenty-six children with disabilities, ages 3 and 4, were rated jointly by the regular and special educator at the beginning and end of each school year. Only children who had a pre- and post-test administered at least seven months apart were included in the analysis. The data was analyzed by determining the pre- and post-test means of the group and then applying a paired t-test to the pre-post test means to determine statistical significance. The findings can be found in Exhibit V.24 .

Exhibit V.24
Coping Inventory Results for Alexandria Preschool-Age Children with Disabilities: 1992-94

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES N=26				
Converted Score	**Pre-test**	**Post-test**	**Change**	**Significant***
Self-Productive	3.4	3.8	0.39	Yes
Self-Active	3.8	3.9	0.12	No
Self-Flexible	3.2	3.6	0.41	Yes
Self Score	**3.5**	**3.8**	**0.32**	**Yes**
Environment-Productive	3.7	4.1	0.37	Yes
Environment-Active	3.9	4.1	0.22	No
Environment-Flexible	3.6	3.8	0.22	No
Environment Score	**3.7**	**4.0**	**0.26**	**Yes**
Adaptive Behavior Score	**3.6**	**3.9**	**0.28**	Yes

* Statistical significance (at the .05 level) was determined using a paired t-test

Examination of this data reveals the following:

- Children with disabilities demonstrated an overall gain of .28 on the composite Adaptive Behavior Score of the Coping Inventory which is significant at the .05 level.
- The Self Score, which showed a gain of .34 and the Environment Score, which increased .24 were both statistically significant at the .05 level.
- When comparing results of pre- and post-test categories, children showed a greater improvement in the Self Score even though the Environment Score was higher overall.
- When examining the dimensions of the Coping Inventory, children showed the greatest average gain (.38) in the **productive** dimension.
- Improvement in all areas of the Coping Inventory is significant considering the greater social and personal demands placed on children with disabilities in the integrated settings.

Example B: Results for Children with and without Disabilities in Fairfax County Public Schools, Virginia.

The Coping Inventory was administered to seventy-six children with and without disabilities who participated in partial to full inclusion programs in FCPS during Year III of this project. These children were enrolled either in the Family and Early Childhood Education Program (FECEP), a pre-kindergarten program for low income children, or in the Preschool Special Education Programs (PSSE), a program for children with disabilities ages 2-5. A demographic profile of the sample population for this study can be found in Exhibit V.25.

Exhibit V.25
Demographic Profile of Children in FCPS Coping Inventory Sample Population

Characteristic		Percent	n
Age			
	2 Year Olds	1.3%	1
	3 Year Olds	25.3%	19
	4 Year Olds	61.3%	46
	5 Year Olds	12.0%	9
Program			
	FECEP	28.9%	22
	PSSE	71.1%	54
Expected Performance			
	High	53.9%	41
	Low	46.1%	35

Teachers were asked to complete the Coping Inventory on four children in their program--two expected high performers and two expected low performers. Only children who had a pre- and post-test administered at least seven months apart were included in the analysis. The data was analyzed by determining the pre- and post-test means of the group and then applying a paired t-test to the pre-post test means to determine statistical significance. Program-wide findings can be found in Exhibit V.26.

Exhibit V.26
Coping Inventory Results for FCPS Preschool-Age Children with and without Disabilities

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES N=76				
Converted Score	**Pre-test**	**Post-test**	**Change**	**Significant***
Self-Productive	3.5	3.7	0.18	Yes
Self-Active	3.5	3.7	0.18	Yes
Self-Flexible	3.3	3.4	0.16	No
Self Score	**3.4**	**3.6**	**0.17**	**Yes**
Environment-Productive	3.6	3.8	0.21	Yes
Environment-Active	3.5	3.7	0.22	Yes
Environment-Flexible	3.4	3.7	0.20	Yes
Environment Score	**3.5**	**3.7**	**0.21**	**Yes**
Adaptive Behavior Score	**3.5**	**3.7**	**0.19**	Yes

* Statistical significance (at the .05 level) was determined using a paired t-test

Examination of this data reveals the following:

- The Self, Environment and Adaptive Behavior scores showed statistically significant gains at the .05 level.
- Program-wide, the children showed greater improvement in Environment scores, registering a .2 gain in each of the environment subcategories.
- Improvement in all areas of the Coping Inventory is significant considering the greater social and personal demands placed on children with disabilities in the integrated settings.

The data was further analyzed to examine the differences between the children without disabilities, e.g., the FECEP children, and the children with disabilities, e.g., the PSSE children. Exhibits V.27 and V.28 offer findings from the FECEP and PSSE programs respectively.

Exhibit V.27
Results of Coping Inventory for Children in FCPS FECEP Program

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES N=22				
Converted Score	**Pre-test**	**Post-test**	**Change**	**Significant***
Self-Productive	3.8	4.2	0.46	Yes
Self-Active	3.7	4.2	0.49	Yes
Self-Flexible	3.6	4.1	0.47	Yes
Self Score	**3.7**	**4.2**	**0.47**	**Yes**
Environment-Productive	3.9	4.4	0.50	Yes
Environment-Active	3.9	4.3	0.44	Yes
Environment-Flexible	3.7	4.2	0.43	Yes
Environment Score	**3.8**	**4.3**	**0.46**	**Yes**
Adaptive Behavior Score	**3.8**	**4.3**	**0.46**	Yes

* Statistical significance (at the .05 level) was determined using a paired t-test

Exhibit V.28
Results of Coping Inventory for Children in FCPS PSSE Program

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES N=54				
Converted Score	**Pre-test**	**Post-test**	**Change**	**Significant***
Self-Productive	3.4	3.4	0.07	No
Self-Active	3.4	3.5	0.05	No
Self-Flexible	3.1	3.4	0.05	No
Self Score	**3.3**	**3.4**	**0.05**	**No**
Environment-Productive	3.4	3.5	0.09	No
Environment-Active	3.4	3.5	0.13	No
Environment-Flexible	3.4	3.5	0.11	No
Environment Score	**3.4**	**3.5**	**0.11**	**No**
Adaptive Behavior Score	**3.4**	**3.4**	**0.08**	No

* Statistical significance (at the .05 level) was determined using a paired t-test

When examined program by program, the data illumines a disparity in gains between the FECEP and PSSE children. Data indicates the following:

- Changes in FECEP program ranged from .43 to .50 with statistical significance at the .05 level occurring in each category. Changes in the PSSE program ranged from .02 to .11 with no categories reaching statistical significance at the .05 level.

- The FECEP children had higher pre- and post-test Adaptive Behavior Scores, .e.g., 3.8 and 4.3 respectively. The Adaptive Behavior Score for the PSSE children remained at 3.4 on both the pre- and post-test.

- The FECEP children showed high gains in both the Self and Environment categories, while the PSSE children showed greater gains in the Environment category than in the Self category.

Examining the differences within groups, e.g. comparing the expected high performers with the expected low performers in both the FECEP and PSSE programs, offers another perspective. Exhibit V.29 displays the change data across the FECEP expected high and low performers and PSSE expected high and low performers.

Exhibit V.29
Comparison of Change Data for Expected High and Low Performers in FECEP and PSSE Programs

Category	FECEP Expected High Performers (n=15)	FECEP Expected Low Performers (n=7)	PSSE Expected High Performers (n=26)	PSSE Expected Low Performers (n=28)
	Change data	Change data	Change data	Change data
Self-Productive	0.25	0.90	-0.06	0.18
Self-Active	0.43	0.61	-0.12	0.21
Self-Flexible	0.31	0.90	-0.17	0.19
Self Score	**0.31**	**0.80**	**-0.11**	**0.19**
Environment-Productive	0.32	0.89	-0.03	0.20
Environment-Active	0.26	0.81	-0.15	0.38
Environment-Flexible	0.23	0.86	-0.08	0.28
Environment Score	**0.26**	**0.87**	**-0.09**	**0.29**
Adaptive Behavior Score	**0.29**	**0.83**	**-0.10**	**0.24**

It is interesting to note that the FECEP expected low performers showed the greatest overall change; the FECEP expected high performers showed the second greatest change; the PSSE expected low performers were next; and the PSSE expected high performers registered negative change numbers in all the categories.

When comparing the post-test Adaptive Behavior Scores, the ranking changes slightly. The FECEP expected high performers had the highest ABS (4.6), followed by the PSSE expected high performers (ABS=4.0); then the FECEP expected low performers (ABS=3.4) and lastly the PSSE expected low performers (ABS=2.9).

Exhibit V.30
Comparison of Adaptive Behavior Scores
for Expected High and Low Performers in FECEP and PSSE Programs

Category	FECEP Expected High Performers	FECEP Expected Low Performers	PSSE Expected High Performers	PSSE Expected Low Performers
Pre-test Adaptive Behavior Score	4.3	2.6	4.1	2.7
Post-test Adaptive Behavior Score	4.6	3.4	4.0	2.9

Outcome 3: Families of children with and without disabilities will express positive attitudes about inclusion.

1. Parental Attitudes about Inclusion

The Community Integration Project examines two questions relating to parents' attitudes towards educating children with and without disabilities together in early childhood programs. First, to what extent did parents perceive inclusive programming as a benefit or a drawback? And secondly, how did parents' expectations about inclusion change during the course of a year's experience?

An adapted version of the **Early Childhood Mainstreaming Survey** (Bailey and Winton, 1987), was used to gather data. Adaptations included shortening the survey from 28 to 18 statements and simplifying the language to a third grade reading level.

The survey, found in Exhibit V.31, consists of eight statements of potential benefits of inclusion and ten statements of possible concerns about inclusion. Parents are asked to rate statements as 1 = Not a Benefit or Not a Concern, 2 = Not Sure, 3 = A Benefit or A Concern. Then parents are asked to select from the series of statements the "greatest benefit" and "the greatest concern" about mainstreaming. Tabulation of the surveys indicates the percentage of respondents' agreement or disagreement with the survey statements.

Parents of children with and without disabilities in Fairfax County Public Schools and Alexandria community early childhood programs responded to the **Early Childhood Mainstreaming Survey** on two occasions: once at the onset of inclusion, approximately one month after school began in the fall, and again in the late spring after eight months of inclusion.

Exhibit V.31
Early Childhood Mainstreaming Survey

The Community Integration Project
The George Washington University
Early Childhood Mainstreaming Survey

This survey asks your feelings about the benefits and concerns of mainstreaming. In this survey mainstreaming means including children with delays in programs which serve normally developing children. The survey will take about 10 minutes to complete.

POSSIBLE BENEFITS OF MAINSTREAMING
The following statements are possible benefits of mainstreaming. Read each statement. Circle the number which most closely reflects your feelings.
your feelings.
1= Not a benefit 2 = Not Sure 3 = Benefit

		Not a benefit	Not Sure	A Benefit
__ 1.	Mainstreaming helps prepare children with delays for the real world.	1	2	3
__ 2.	Children with delays learn more in mainstreamed programs because of the other children.	1	2	3
__ 3.	Mainstreaming makes children with delays feel better about themselves.	1	2	3
__ 4.	Mainstreaming helps normally developing children learn about and accept ways people are different.	1	2	3
__ 5.	Mainstreaming helps families of children with delays learn more about normal children development.	1	2	3
__ 6.	Mainstreaming helps families of children with delays meet families with normally developing children.	1	2	3
__ 7.	Mainstreaming helps families of normally developing children better understand children with special needs.	1	2	3
__ 8.	Mainstreaming helps communities accept children with delays.	1	2	3

Please put a * (star) by the statement on this page which represents the greatest benefit to mainstreaming.

GENERAL INFORMATION

Age of Child in this program: 2 3 4 5 Sex of Child: M F

Ethnicity: Caucasian (white) Native American Asian African American Hispanic
Does your child have a developmental delay? Yes No

If yes, does your child have an Individual Education Plan (IEP)? Yes No

POSSIBLE CONCERNS ABOUT MAINSTREAMING
The following statements are possible concerns about mainstreaming. Read each statement. Circle the number which most closely reflects your feelings.

1 = Not a Concern 2 = Not Sure 3 = A Concern

		Not a concern	Not Sure	A Concer
__ 1.	Children with delays in mainstreamed settings are less likely to receive enough special help from their teacher.	1	2	3
__ 2.	Children with delays in mainstreamed settings are less likely to receive enough special services, like speech or physical therapy.	1	2	3
__ 3.	Children with delays will take up too much of the teacher's time and the other children will not receive enough attention.	1	2	3
__ 4.	Children with delays are more likely to be left out by the other children.	1	2	3
__ 5.	The normally developing children may learn negative behavior from the children with delays.	1	2	3
__ 6.	Teachers in mainstreamed programs may not be trained to deal with the needs of children with delays.	1	2	3
__ 7.	Families of children with delays may feel left out by the other families.	1	2	3
__ 8.	Families of children with delays may feel that the other families do not understand their concerns.	1	2	3
__ 9.	In mainstreamed settings, families of children with delays are more often upset by the differences between their child and normally developing children.	1	2	3
__ 10.	In mainstreamed settings, families of normally developing children feel uncomfortable being around children with delays and their families.	1	2	3

Please put a * (star) by the statement on this page which represents the greatest drawback to mainstreaming.

Example A: Results of Parent Sample in Alexandria, Virginia

In Alexandria parents of children with and without disabilities from five community preschool and childcare programs involved in CIP were surveyed. Although these programs may have enrolled children with disabilities in the past, none had the explicit policy of inclusion prior to this study. A total of 141 families responded to the survey prior to inclusion and 82 responded to the survey after eight months of inclusion. In the first sample the ratio between respondents who were parents of children with disabilities and respondents who were parents of typically developing children was 1:10, while in the second survey the ratio was 1:7. Detailed demographics of the parents who responded in Year I and Year II of this project can be found in Appendix E, Parent Survey: Alexandria Sample.

Parent perceptions of benefits of inclusion

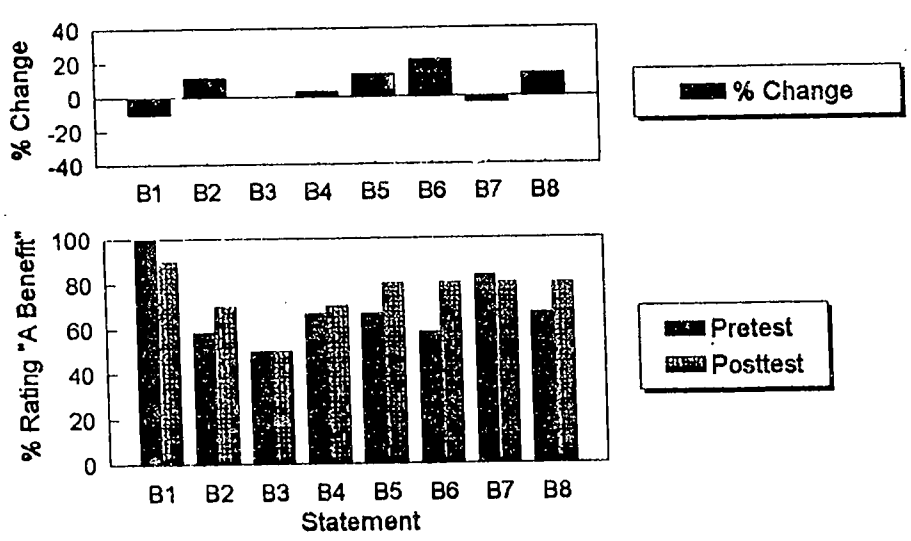
A detailed view of parents' survey responses may be seen in Exhibits V.32 and V.33. Parents of children with disabilities gave their highest rating both before and after their experience of inclusion to statement B1 "Mainstreaming helps prepare children with delays for the real world." Parents of normally-developing children gave a high rating in both pre- and post-test to B4 "Mainstreaming helps normally developing children learn about and accept ways people are different" and both groups of parents gave similar high ratings pre- and post-test to B7 " Mainstreaming helps families of normally developing children better understand children with special needs." Statements B1 and B4 were also chosen as the "greatest benefit" of mainstreaming on pre- and post-test measures.

There were overall increases in the ratings of benefits by both groups of parents on the post-test. Families of children with disabilities increased their rating, by 22 percentage points, of statement B6 "Mainstreaming helps families of children with delays meet families of normally developing children." Although their rating of statement B1 decreased by 10 percentage points, the ranking of that statement remained higher than any other positive statement. Families of normally developing children increased their ratings, by 11 percentage points, of statements B1 and B4, which were already among the more highly rated statements.

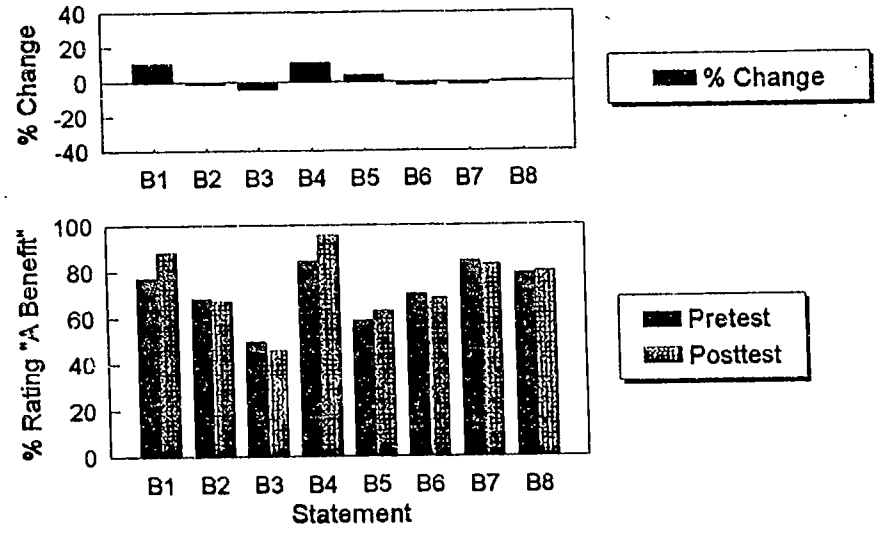
We note that statement B3 "Mainstreaming helps children with delays feel better about themselves" drew the lowest rating as a possible benefit of inclusion by both groups of parents. Furthermore this rating stayed consistent in the pre- and post-test.

Exhibit V.32

Alexandria Families: Benefits of Mainstreaming



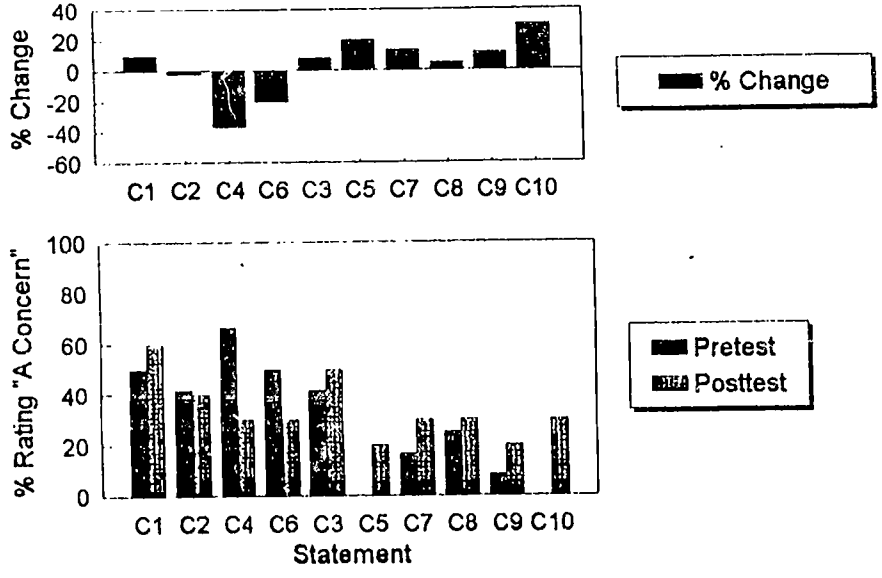
Pretest and Posttest Ratings by Families of C/D



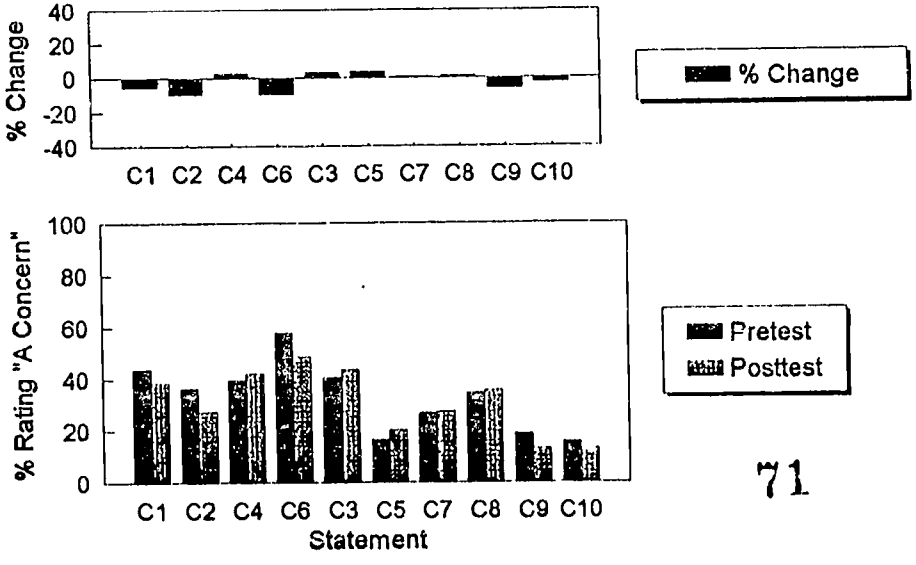
Pretest and Posttest Ratings by Families of C/N

Exhibit V.33

Alexandria Families: Concerns about Mainstreaming



Pretest and Posttest Ratings by Families of C/D



Pretest and Posttest Ratings by Families of C/N

Parent perceptions of drawbacks of inclusion

At the onset of inclusion, parents of children with disabilities rated statement C4 "Children with delays are more likely to be left out by the other children" higher than any other concern. There was also a greater degree of concern for statements C1 "Children with delays in mainstreamed settings are less likely to receive enough special help from their teacher" and C6 "Teachers in mainstreamed programs may not be trained to deal with the needs of children with delays". Similarly, parents of normally developing children reported a greater level of concern for statements C1 and C6. Statement C6 was chosen as the "greatest concern" about mainstreaming by both groups of parents on pre- and post-test measures.

Data from parents of children with disabilities showed a change of over 10 percentage points for six of the ten statements. Both statements C4 and C6 which had been among the highest rated drawbacks prior to inclusion showed a decrease of 36.7 and 20 percentage points on the post-test; while four other statements (C5, C7, C9, C10) showed an increase of more than 10 percentage points in the level of concern. The concerns of the parents of normally developing children remained fairly stable over time, exhibiting a variance of less than 10 percentage points on all statements.

Example B: Results of Parent Sample in Fairfax County Public Schools

In Fairfax parents of children with and without disabilities from nine Fairfax County Public Schools, in FECEP (Head Start) and preschool special education (PSSE) classrooms involved in CIP were surveyed during Year III of this project. Children from both of the programs were taught together for all or part of the school day by teams of early childhood regular and special education teachers. A total of 118 parents responded to the survey prior to inclusion and 99 responded to the after eight months of inclusion. In both samples, approximately two-thirds of the responding parents had children with disabilities and one-third were parents of typically developing children. Detailed demographics of the parents who responded can be found in Appendix E, Parents Survey: Fairfax Sample.

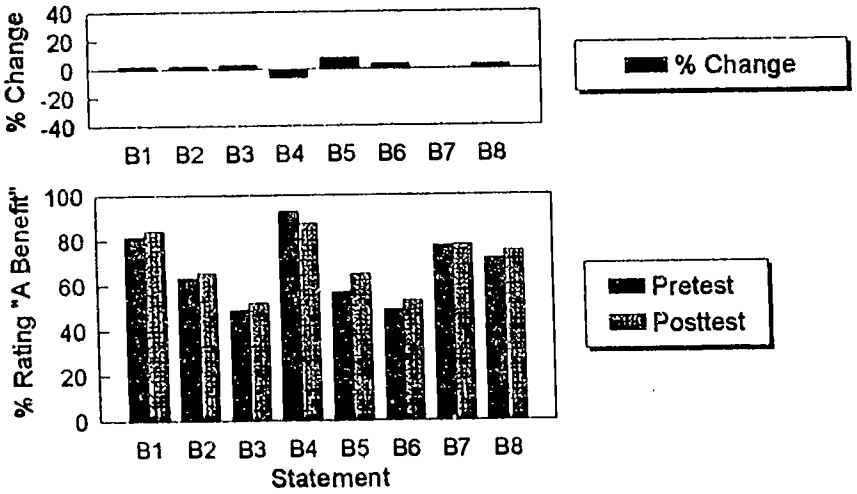
Parent perceptions of benefits of inclusion

A detailed view of parents' survey responses may be seen in Exhibits V.33 and V.34. Parental perceptions of the benefits of inclusive opportunities remained relatively stable on the pre- and post-survey for both groups of parents with one exception. There was a dramatic increase in the degree to which parents of normally developing children rated B8 "Mainstreaming as helping communities accept children with delays" as a benefit, moving from 83% to 97% benefit rate. Aside from B8, all parents gave their highest rating both before and after their experience of inclusion to statement B4 "Mainstreaming helps normally developing children learn about and accept ways people are different" and their second highest rating to B1 "Mainstreaming helps prepare children with delays for the real world."

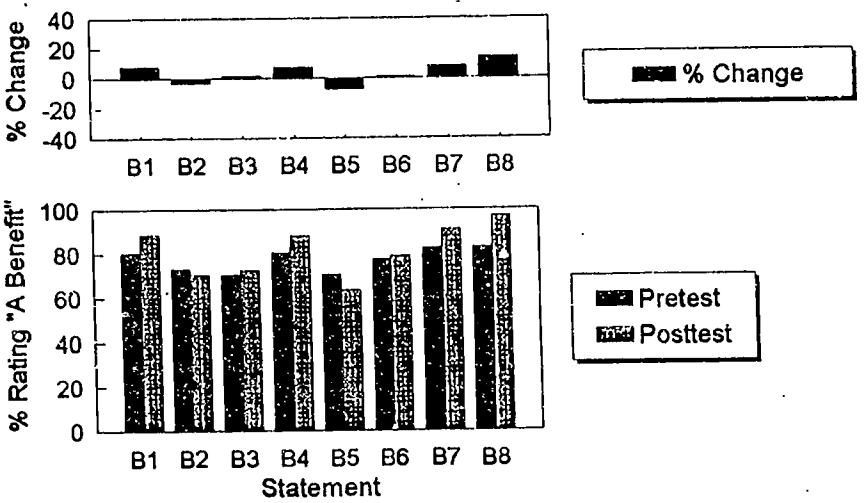
Exhibit V.34

Fairfax Families: Benefits of Mainstreaming

1993-1994 School Year



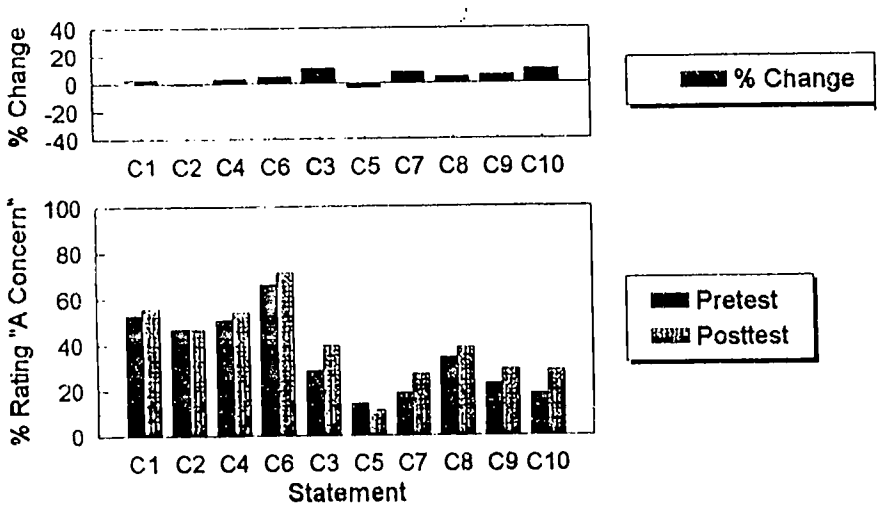
Pretest and Posttest Ratings by Families of C/D



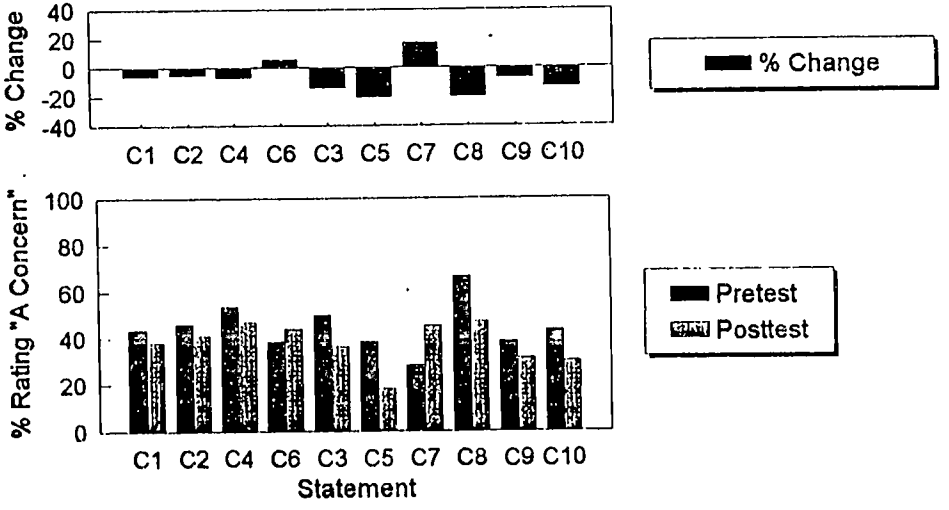
Pretest and Posttest Ratings by Families of C/N

Exhibit V.35

Fairfax Families: Concerns about Mainstreaming



Pretest and Posttest Ratings by Families of C/D



Pretest and Posttest Ratings by Families of C/N

Statements B3 "Mainstreaming makes children with delays feel better about themselves" and B6 "Mainstreaming helps families of children with delays meet families with normally developing children" received a low rating by the parents of children with disabilities. The benefit statement receiving the lowest rating by parents of normally developing children was B5 "Mainstreaming helps families of children with delays learn more about normal child development".

Both groups identified B4 "Mainstreaming helps normally developing children learn about and accept ways people are different" as the "greatest benefit" of integration on the post-inclusion survey. Parents of typically developing children strongly rated B8 "Mainstreaming helps communities accept children with delays" as the greatest benefit while parents of children with disabilities placed a much lower rating on this statement. Also worthy of note in reference to the "greatest benefit" was the decreased rating of B2, "Children with delays learn more in mainstreamed setting because of the other children" by both groups of parents.

Parent perceptions of drawbacks of inclusion

Ratings of the concern statements by the parents of children with disabilities were relatively stable overtime exhibiting a variance of less than 10 percentage points in all but one statement. Statement C6 "Teachers in mainstreamed programs may not be trained to deal with the needs of children with delays" received the highest concern rating by the parents of children with disabilities with 66 percentage points on the pre-survey and 71 percentage points on the post-survey. Statements C1 "Children with delays in mainstreamed settings are less likely to receive enough special help from their teacher", C2 "Children with delays in mainstreamed settings are less likely to receive enough special services, like speech or physical therapy" and C4 "Children with delays are more likely to be left out by the other children" were also intense concerns of the parents of children with disabilities on the pre- and post-surveys.

The overall concerns of parents of normally developing children decreased dramatically overtime. Four out of ten concern statements (C3, C5, C8 and C10) decreased in intensity by 13 to 20 percentage points. The only increase in concern worthy of note was C7 "Families of children with delays may feel left out by the other families" which increased by 17 percentage points.

Statements C1 "Children with delays in mainstreamed settings are less likely to receive enough special help from their teacher" and C6 "Teachers in mainstreamed programs may not be trained to deal with the needs of children with delays" were rated as the "greatest concern" by parents of children with disabilities on pre- and post-test measures while C3 "Children with delays will take up too much of the teacher's time and the other children will not receive enough attention" was the "greatest concern" of parents of typically developing children on both measures.

Discussion of Key Points from Studies

This discussion section will highlight key similarities and differences that exist between the data gathered in FCPS and Alexandria community programs. Parents of children with and without disabilities in both counties perceived the benefits of inclusion outweighing concerns about inclusion about 2 to 1 on the post-inclusion survey. This suggests parents had positive inclusion experiences with their child and perceived inclusive programs as valuable for them and their child.

When the survey items were grouped into statements that reflected socio-emotional or instructional benefits and concerns, a slightly different pattern emerged. The 2:1 ratio of benefits to concerns continued to emerge in the "socio-emotional" category, while the ratio changed to 3:2, benefit-to-concern, in the "instruction of children" category in both counties. This consistency suggests parents universally see the social and self concept benefits of inclusion for all children, but are concerned about the maintenance of quality instruction in programs where students exhibit a wide range of needs and abilities.

Parents in both counties exhibited similar patterns when comparing the average of all the statements of benefit and the average of all the statements of concern. Parents of children with disabilities showed an increase in their perceived benefits and concerns about inclusion, e.g. while they perceived greater benefits of inclusion after a year's experience, they also felt greater concerns about inclusion. Parents of normally developing children showed a different pattern across both counties. Their rating of the benefits increased while their concerns about inclusion decreased, thus demonstrating an greater comfort with the situation.

Parents of children with and without disabilities in both counties gave high ranking to the following benefits of mainstreaming: (1) "mainstreaming helps prepare children with delays for the real world" and (2) "mainstreaming helps normally developing children learn about and accept ways people are different". In both counties the benefit statement rated lowest by parents of children with disabilities was "mainstreaming makes children with delays feel better about themselves".

The highest rated statements of concern across both counties were "children with delays in mainstreamed settings are less likely to receive enough special help from their teacher" and "teachers in mainstreamed programs may not be trained to deal with the needs of children with delays". These were especially high concerns for parents of children with disabilities.

2. Parent Satisfaction with Inclusive Programming

Results of parents of children with disabilities in Alexandria, Virginia

CIP served twenty-eight children with disabilities from twenty-six families in Alexandria, Virginia from September, 1992-Spring, 1994. In the spring of 1993 and 1994 each family was asked to complete a parent satisfaction survey. Parents were asked their level of

satisfaction with their child's developmental progress and specific components of the inclusive program. Twenty-seven surveys from parents of children with disabilities in inclusion programs were returned and tabulated. Twelve surveys from parents of children with disabilities in inclusion programs from parents participating in the 1993 school year and 15 from parents in the 1994 school year. Complete results of the survey can be found in Appendix F.

The following summarizes key findings of the combined survey results:

- 100% of parents felt that their child's needs were met in the community-based early childhood programs.
- The two areas of most improvement were "talking" and "enjoying preschool".
- All parents reported that their children "enjoyed", "liked", or "loved" their preschool or day care.
- 92% of parents reported that their children developed friendships with other children in their class.
- 23% of the parents reported their children played with typically developing peers outside the school setting.
- 83% of parents felt that they were a part of their child's preschool program.
- Bus transportation was used by nearly all families and was especially important and valued by working parents and parents without cars.
- Feelings about related services were positive with a request for services to be provided at the inclusion site.
- All parents were generally pleased with teacher-parent communication.
- Suggestions for the Community Integration Project included:
  - extended day programs (longer than 3 hour preschool day);
  - ensure community teachers are skilled;
  - ensure community teachers have a positive attitude about inclusion; and
  - continue offering inclusive placements in community programs.

VI. PROJECT IMPACT

A. Implications of Project Findings

From 1991 to 1994, Project CIP provided ongoing training and technical assistance to approximately 320 educators, administrators and paraprofessionals in four adoption sites in Virginia and Maryland. At each adoption site, inclusive programs are being sustained and, in some jurisdictions, expanded in the 1994-95 school year without federal support. The impact of CIP has been demonstrated on many levels in the evaluation section. The following offers a summary of the key evaluation findings of Project CIP.

- Developing systems of integrated service delivery for inclusion is a long-term systems change effort. Many factors, ranging from teacher attitudes and classroom practices, building-level administrative decisions, district-level programmatic decisions and community values and beliefs, affect the design and implementation of inclusive models. Training and technical assistance must target change on many levels if change is to be sustained.

- The development of leadership teams at each adoption site was essential to this systems change effort. These leadership teams shared responsibility with project staff for staff development activities, follow-up support, resource allocation, and advocacy roles. It was important for the leadership teams to have representation from all programs participating in inclusion efforts.

- Major strategies that promoted the development of well-functioning site-based teams were: (1) encouraging a shared knowledge base through team training; (2) facilitating shared resources, e.g. human and material resources, at the classroom and program levels; and (3) requiring each team to develop site-specific inclusion plans.

- Training was most effective when site-based teams of regular and special educators, administrators, related service providers and paraprofessionals attended staff development as a group and made time to plan together regularly. In community early childhood programs, it was important for the "itinerant" early childhood special educator to attend the training sessions with the child care/preschool staff in order to develop a relationship, e.g. a sense of trust and respect, and help break down the barriers caused b private-public sector issues as well as perceptions of differing levels of professionalism.

- Allowing each site-based team to develop its own model of inclusion depending on local needs and resources was a powerful strategy for change. Using a project approach to build site- or classroom-specific models of inclusion enabled each team to take ownership and pride in their response to the challenge.

- After one to two years of support by Project CIP staff, adoption sites have developed several well-functioning models of inclusion for their school districts, but

no district has institutionalized policies and procedures that ensured the continuation of the inclusive models in the early childhood years. Continued support is needed to facilitate growth from pilot project to full scale implementation in school and community change efforts.

- Over the course of three years, special and regular education teachers reached greater agreement on quality practices for early childhood inclusive settings. Best Practices In Early Childhood Inclusive Education is a set of practices identified by CIP trainees participating in a two year study. Using an ecological systems model designed by Brofenbrenner and applied to integrated preschool programs by Peck, four categories of practices were identified: classroom practices, professional collaboration, organizational practices, and values and beliefs. Best Practices in Inclusive Early Childhood Education, Appendix C, contributes to the continued efforts of early childhood special and regular education to identify those practices which are good for all children and necessary in inclusive programs.

- Transportation appeared to be a key ingredient for early childhood inclusive programming both in community-based and school-based models. Inclusive programming necessitates children with and without disabilities be at the same location at the same time. CIP found that programming was often driven by accessibility of school buses rather than needs of the children. In community-based inclusion sites, the tuition payments, the provision of adequate special education support and release time for team planning and training also presented a constant challenge to sustain and expand inclusive opportunities.

- Parents of children with and without disabilities expressed positive attitudes about and satisfaction with inclusion efforts. There was agreement as to the socio-emotional benefit of inclusion for all children, especially the opportunity it afforded participants to understand and value individual differences. Parents expressed a greater degree of concern about the instructional consequences for children with and without disabilities, specifically the preparation of staff and the availability of qualified staff to support the children with disabilities.

B. Dissemination Activities

1. Demonstration Sites

During the three years of Project CIP, inclusive models at all four adoption sites hosted professionals from local, state, national and international programs. Within each adoption site/school district, staff in inclusion programs continually offered "in-house" information and guidance on designing and implementing inclusive early childhood models. In the state of Virginia, CIP sites were used as models for a state-wide initiative on preschool integration, Integrated Placement Options for Preschoolers with Disabilities. On several occasions, the US DoEd and other federal agencies visited CIP demonstration sites with delegations from other nations. The diverse models of inclusion that have arisen from the

CIP training has proven to be a valuable resource to school districts and professionals who wish to become acquainted with a variety of inclusive models.

2. Miniconferences

CIP staff sponsored three mini-conferences in Harrisonburg, Virginia: two in 1993 and one in 1994. In 1993, the conferences averaged 45 attendees representing school district and community early childhood professionals from eight western Virginia counties. Workshop sessions explored administrative and educational issues surrounding preschool integration. In 1994, CIP sponsored one mini-conference which focused on team building for inclusion. Exhibit VI.1 lists workshops by date, title, and number of participants.

Exhibit VI.1
Harrisonburg Miniconferences by Date, Workshops and Number of Participants

DATE	TITLE	TOTAL PARTICIPANTS
March 1993	Breaking Barriers: Creating Inclusive Opportunities for Preschoolers with Disabilities Forging Ahead: Next Steps for Inclusion Times they are A 'Changin' Models of Inclusion Avoiding the Pitfalls of Preschool Contacts Integrating Teachers for Integrated Programs	47
May 1993	Clarifying Beliefs about Inclusive Education TEAM: Together Everybody Accomplishes More Play Development and Facilitation Designing and Leading Inservice Workshops	43
March 1994	Lessons Learned: Collaborating for Inclusion The Nitty Gritty of Instructional Teaming: Communication and Problem Solving Techniques	28

As a follow-up to the mini-conferences, CIP staff arranged half-day on-site consultations with four of the attending school districts--Augusta County Public Schools, Shenandoah County Public Schools and Staunton City Public School and Culpeper County Public Schools. In each case, the consultation resulted in program adjustments that increased the capability of the system to implement a model of preschool integration.

3. Newsletter: Inclusion Forum

In April 1993 the first edition of the CIP newsletter, **Inclusion Forum,** was distributed, followed by three more editions in 1993 and 1994. The intent of the **Inclusion Forum,** a semi-annual topical newsletter, was to share information and promote networking among practitioners interested in the idea of inclusive early childhood education. Each edition featured a review of current literature on a specific topic, implementation strategies offered by model programs located across the country and a resource bulletin board. Topics covered in the four editions included instructional strategies, classroom environment, training practices and collaboration. Complete copies are included in Appendix G. The Inclusion Forum was offered as a free publication and was advertised on the SPED Bulletin Board and in the DEC Communicator. Approximately 800 copies of the newsletter were distributed to subscribers in the fifty states and three countries (see Exhibit VI.2). If adequate interest is expressed, the Inclusion Forum will continue to be published by the GWU Department of Teacher Preparation and Special Education Early Intervention Programs.

Exhibit VI.2
Readership of the Inclusion Forum

States						Countries	
Alabama	4	Kentucky	10	Ohio	22	Canada	2
Alaska	1	Louisiana	4	Oklahoma	4	Mexico	1
Arizona	8	Maine	3	Oregon	15	Virginia Island	1
Arkansas	5	Maryland	15	Pennsylvania	19		
California	17	Massachusetts	20	Rhode Island	2		
Colorado	15	Michigan	15	South Carolina	3		
Connecticut	7	Minnesota	9	South Dakota	4		
Delaware	4	Mississippi	18	Tennessee	9		
District of Columbia	34	Missouri	33				
Florida	13	Montana	10	Texas	12		
Georgia	13	Nebraska	2	Utah	11		
Hawaii	4	Nevada	3	Vermont	8		
Idaho	5	New Hampshire	11	Virginia	177		
Illinois	23	New Jersey	15	Washington	13		
Indiana	1	New Mexico	6	Washington DC	34		
Iowa	6	New York	46	West Virginia	2		
Kansas	22	North Carolina	19	Wisconsin	7		

4. Presentations

From 1991 through 1994, CIP project staff presented project findings at twenty-two conferences at the regional, state, and national level. The following is a list of topics, conferences, and dates of the presentations.

National Conferences/Meetings

"Inclusion: Challenges and Solutions". Issues Du Jour, Alexandria, VA, November, 1992.

"Closing Panel: Pulling It All Together--Challenges and Next Steps: How Do We Keep the Momentum Going?". 1993 Combined Meetings, Arlington, VA, January, 1993.

"Family Involvement Triangle Creating Home School Partnerships that FIT". 1994 International Conference for Division of Early Childhood, St. Louis, MO, October 6, 1994.

"How Do I Know They're Learning Anything? Accountability in Inclusive Programs". CEC Annual Convention, Denver, CO, April 7, 1993.

"How Do I Know They're Learning Anything? Accountability in Inclusive Programs". 1993 International Conference for the Division of Early Childhood, San Diego, CA, December 11, 1993.

State Conferences/Meeting

"Three Keys to Successful Large Group Times". Virginia Association for Early Childhood Education, Richmond, VA, March 12, 1994.

"TEAM: Together Everybody Accomplishes More". Virginia Early Childhood Education Conference, Richmond, VA, October 23, 1993.

"Out of the Mouths of Babes: Implementing Child Initiated Themes". Virginia Association of Early Childhood Education, March, 1993.

"So Many Needs, So Little Time: Meeting the Instructional Needs of Diverse Preschoolers". Early Childhood Special Education Technical Assistance Center-4, Richmond, VA, March, 1993.

"Facilitating Interpersonal Development in Developmentally Appropriate Settings". Virginia Early Childhood Education Conference, Norfolk, VA. November, 1992.

"A Cut and Paste Approach to Merging Best Practices". Virginia Early Childhood Education Conference, Vienna, Va., April, 1992.

"Get Them Talking: Encouraging Language through Themes". Virginia CEC Annual Conference, February, 1992.

"Coaching: A Strategy that Supports You". Virginia Council for Exceptional Children 35th Annual Conference, Richmond, VA, February, 1992.

"Get Them Talking: Encouraging Language through Themes". Virginia CEC Annual Conference, February, 1992.

"Coaching: A Strategy that Supports You". Virginia CEC Annual Conference, February 1992.

"Promoting Interpersonal Development in Integrated Settings". Virginia Preschool Special Education Conference, Virginia Beach, VA, November, 1992.

"Out of the Mouth of Babes: Implementing Child Initiated Themes". Virginia Association of Early Childhood Development, March, 1993.

Regional Conferences/Meeting

"Developmentally Appropriate Practice: Overcoming Barriers to Integration". Early Childhood Technical Assistance Center-3, Fairfax, VA, April, 1993.

"Stopping Problems Before They Start". Northern VA Association for the Education of Young Children, Fairfax, VA, October, 1992.

"Stopping Problems Before They Start: Teacher Initiated Times". Northern Virginia Association for the Education of Young Children, October, 1992.

"So Many Need, So Little Time". VA Early Childhood Special Education Technical Assistance Center #4, Richmond, VA, March, 1993.

"Developmentally Appropriate Practice: Overcoming Barriers to Integration". VA Early Childhood Special Education Technical Assistance Center #3, Fairfax, VA, April, 1993.

C. Publications and Products

The following publications have been developed as part of Project CIP. Copies of all the projects listed below can be found in Appendix G through I.

1. Journal Articles

"Three Keys to Successful Circle Time" (1994) M. Abraham, L. Morris, P. Wald (seeking publication)

2. Newsletter: Inclusion Forum

Volume I (1) Spotlight on Instructional Practices, Spring/Summer, 1993.
Volume I (2) Spotlight on Classroom Environment, Fall/Winter, 1993.
Volume II (1) Spotlight on Training, Spring/Summer, 1994.
Volume II (2) Spotlight on Collaboration, Fall/Winter, 1994.

3. Program Evaluation Instruments

Community Integration Project Workshop Questionnaire: A Training Needs Assessment Instrument

CIP Team Questionnaire

CIP Workshop Evaluation

CIP Follow-up Worksheet

VII. ASSURANCES

Three copies of the full final report have been sent to:

Ms. Mary Vest
Office of Special Education Programs
U.S. Department of Education
400 Maryland Avenue SW
Switzer Building Room 3516
Washington, D.C. 2020-2626

One Copy of the full final report has been sent to:

ERIC/OSEP Special Project
ERIC Clearinghouse on Handicapped and Gifted Children
Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

One copy of the title page and abstract/executive summary has been sent to each of the following addresses:

NEC*TAS
Suite 500
Nations Bank Plaza
137 E. Franklin Street
Chapel Hill NC 27514

National Clearinghouse for Professions in Special Education
Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

National Information Center for Children and Youth with Disabilities (NICHCY)
P.O. Box 1492
Washington, D.C. 20013-1492

Technical Assistance for Parent Programs Project (TAPP)
Federation for Children with Special Needs
95 Berkeley Street
Suite 104
Boston, Massachusetts 02116

National Diffusion Network
555 New Jersey Avenue, N.W.
Washington, D.C. 20208-5645

Child and Adolescent Service System Program (CASSP)
Technical Assistance Center
Georgetown University
2233 Wisconsin Avenue, N.W.
Suite 215
Washington, D.C. 20007

Northeast Regional Resource Center
Trinity College
Colchester Avenue
Burlington, Vermont 05041

MidSouth Regional Resource Center
University of Kentucky
Mineral Industries Building
Lexington, Kentucky 40506-0051

South Atlantic Regional Resource Center
Florida Atlantic University
1236 North University Drive
Planation, Florida 33322

Great Lakes Area Regional Resource Center
The Ohio State University
700 Ackerman Road
Suite 4400
Columbus, Ohio 43202

Mountain Plains Regional Resource Center
1780 North Research Parkway
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Logan, Utah 84321

Western Regional Resource Center
College of Education
University of Oregon
Eugene, Oregon 97403

Federal Regional Resource Center
University of Kentucky
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Lexington, Kentucky 40506-0205

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Appendix A
Summary of Workshop Evaluations

PARTICIPANTS REACTIONS TO THE WORKSHOPS

Participants in the CIP training were asked to complete a workshop evaluation at the end of each training session. A copy of the workshop evaluation appears in this Appendix. The evaluation was configured to give project staff ratings in four dimensions: (1) REL--relevance of topic; (2) PRAC--practicality of information; (3)INT--interactive nature of the session; and (4)UND--ease of understanding information. The evaluation had two statements associated with each dimension. The statements were rated on a five point scale ranging from (1) strongly disagree to (5) strongly agree. A perfect rating for any of the four dimensions would be 10, e.g., the sum of the two statements.

This report is limited for several reasons. Not all the participants completed the evaluations at each session nor did all participants fill evaluations out completely. Workshops in Year I did not use this evaluation form and on several occasions in Year II and III, project staff failed to collect the evaluations.

Compilation of Significant Findings from Workshop Evaluation

- All aspects of the training workshops received composite ratings of between 8.43 and 9.05 indicating a high degree of satisfaction, with the exception of workshops given in Fairfax County, which ranged from 6.67 to 7.67.

- The participants in Alexandria gave "relevant" the highest overall rating, with high ratings also for "understandable" and "practical"...indicating that these workshops were meeting the needs of inclusion sites in this area.

- The participants in Anne Arundel and Charles Counties gave "understandable" the highest overall rating, followed by "practical" and "relevant"...indicating perhaps that the content was not a perfect match to their concerns or experience, although the workshops were of high quality.

- In Fairfax County, participants gave their highest ratings to "relevant" and "understandable", followed by "practical", the same pattern of responses as in Alexandria.

- In Alexandria, Fairfax and Anne Arundel Counties, "interactive" was the lowest rated aspect of the training. Charles County participants gave "relevance" and "interactive" very similar lower ratings, 8.33 and 8.35 respectively.

- Workshops on classroom practices such as "Story Time", "Play Facilitation" and "PIE" were among the most highly rated workshops.

- The workshop "Clarifying Beliefs" got lower ratings in both Anne Arundel and Fairfax Counties.

Below is the mean of the participants responses for each workshop.

Fairfax County Public Schools, Va.		REL	PRAC	INT	UND	TOT
1.	PIE n=27	8.1	7.2	7.4	7.7	7.60
2.	Challenging Behavior n=27	7.5	8.0	6.4	8.1	7.50
3.	Clarifying Beliefs n=28	7.4	7.1	7.2	7.2	7.23
4.	*Providing All Services in Inclusive Settings n=36	7.0	6.9	5.6	7.5	6.75
	*this workshop given by FCPS (#) is the rating w/o this workshop	7.50 (7.67)	7.30 (7.43)	6.65 (7.0)	7.63 (7.67)	

Alexandria Early Childhood Programs, Va.		REL	PRAC	INT	UND	TOT
1	Play Facilitation n=8	10	10	9.8	9.9	9.93
2.	PIE n=8	9.5	9.9	9.5	9.9	9.70
3.	Language Facilitation n=6	9.7	9.2	9.4	9.5	9.45
4.	Challenging Behavior n=33	9.1	8.7	8.4	8.5	8.68
5.	Transitions n=13	8.8	8.5	7.6	8.4	8.30
6.	Promoting Social Competence n=38	8.4	8.3	8.1	8.4	8.30
7.	Language and Storytime n=13	8.9	8.2	7.1	8.6	8.20
8.	Instructional Continuum n=13	8.0	8.2	7.7	8.4	8.08
		9.05	8.88	8.45	8.95	

Anne Arundel County Public Schools, MD		REL	PRAC	INT	UND	TOT
1.	Story Time n=28	9.1	9.7	9.2	9.6	9.4
2.	Making Time/Room for Play n=27	8.6	9.2	8.6	9.3	8.93
3.	Play Facilitation n=25	8.6	8.8	8.9	9.4	8.93
4.	Snack: ultimate teaching time n=23	8.8	8.8	9.0	9.0	8.90
5.	Large Group Times n=20	8.7	9.0	8.8	8.9	8.85
6.	Language Facilitation n=20	8.7	8.6	8.0	8.9	8.55
7.	Making the Most of Child-Initiated Play n=24	8.2	8.2	7.9	8.5	8.20
8.	Clarifying Beliefs n=32	8.1	7.4	7.9	8.2	7.9
		8.60	8.71	8.54	8.98	

Charles County Public Schools, MD.		REL	PRAC	INT	UND	TOT
1.	Family Involvement n=26	9.3	8.9	8.3	8.8	8.83
2.	Tips on Training n=26	8.0	8.4	8.4	8.6	8.35
3.	Teams n=7	8.0	8.2	8.4	8.6	8.30
		8.43	8.50	8.37	8.67	

Sample Workshop Evaluation

CIP Workshop Evaluation

Code_____ Name (Optional) _____

Position _____

Title of Workshop _____ Date _____ Location _____

Use the following scale to respond to the questions below:

1	2	3	4	5
Strongly disagree		Agree		Strongly Agree

____ 1. The workshop was relevant to my work.

____ 2. The workshop provided me with practical information.

____ 3. Questions asked in this workshop were answered in a satisfactory manner.

____ 4. The material was organized so I could understand it.

____ 5. This workshop addressed issues I currently face in my classroom.

____ 6. There were interesting group activities in this workshop.

____ 7. I had opportunities to share information with others in the workshop.

____ 8. This workshop provided practical strategies to use in my work.

Please complete the following:

As a result of this workshop, what practices do you plan to implement?

1. _____

2. _____

How can we support you in implementing these practices?

_____

_____

One thing I would change about this workshop is _____

_____

Appendix B
Evaluation: Stages of Concern

COMMUNITY INTEGRATION PROJECT
The George Washington University

PARTICIPANT INFORMATION FORM

Please fill this form out completely.

Name_____ **Code Number**_____

School _____ **School phone (703)**_____
Address_____
_____

CHECK ONE:

Your position:	____preschool teacher ____day care teacher ____early childhood special education teacher ____head start teacher ____teacher pre-kindergarten ____kindergarten teacher ____teacher (unknown grade level) ____assistant teacher-special education ____assistant teacher-school based ____assistant teacher-community (preschool/day care) ____speech/language pathologist or speech language therapist ____occupational therapist ____physical therapist ____administrator ____home resource
Highest level of education:	____high school diploma ____CDA ____bachelors ____masters ____doctorate ____post graduate ____other_____
Years of experience with children:	____less than 1 ____1-3 ____3-5 ____more than 5
Years in current position:	____less than 1 ____1-3 ____more than 3

Form No. _____ Name _____
Optional

THE COMMUNITY INTEGRATION PROJECT

Concern Questionnaire

The purpose of this questionnaire is to determine the concerns of staff who are integrating or thinking about integrating children with disabilities. A good part of the items on this questionnaire may appear to be of little relevance or irrelevant to you at this time. For the completely irrelevant items, please circle "0" on the scale. Other items will represent those concerns you do have, in varying degrees of intensity, and should be marked higher on the scale.

For example:

This statement is very true of me at this time.	0 1 2 3 4 [5 6 7] Pick one
This statement is somewhat true of me now.	0 1 [2 3 4] 5 6 7 Pick one
This statement is not at all true of me at this time	0 [1] 2 3 4 5 6 7
This statement seems irrelevant to me.	[0] 1 2 3 4 5 6 7

Please respond to the items in terms of your present concerns, or how you feel about your ability to integrate children with disabilities into your classroom. Please be assured that there is no right answer. Respond to each item in terms of your present concerns about your ability to integrate children with disabilities into your classroom.

You will be asked to complete this questionnaire three times: prior to CIP training, at the conclusion of CIP training, and after one year of integration. Your responses will be used to evaluate CIP.

Thank you for taking time to complete this task.

0 [Irrelevant]	1 [Not true of me now]	3	4 [Somewhat true of me now]	5	6	7 [Very true of me now]

1.	I am concerned about children's attitudes towards integration.	0	1	2	3	4	5	6	7
2.	I now know of some other approaches that might work better than integration.	0	1	2	3	4	5	6	7
3.	I don't even know what integration is.	0	1	2	3	4	5	6	7
4.	I am concerned about not having enough time to organize myself each day.	0	1	2	3	4	5	6	7
5.	I would like to help other staff develop strategies which facilitate integration.	0	1	2	3	4	5	6	7
6.	I have a very limited knowledge about integrating children w/disabilities into my program.	0	1	2	3	4	5	6	7
7.	I would like to know the effect of this experience on my professional status.	0	1	2	3	4	5	6	7
8.	I am concerned about conflict between my interests and my responsibilities.	0	1	2	3	4	5	6	7
9.	I am concerned about revising how integration occurs in my classroom.	0	1	2	3	4	5	6	7
10.	I would like to develop working relationships with both our staff and outside staff who integrate children with disabilities.	0	1	2	3	4	5	6	7
11.	I am concerned about how integration affects students.	0	1	2	3	4	5	6	7
12.	I am not concerned about integration.	0	1	2	3	4	5	6	7
13.	I would like to know who will make the decisions in the new system.	0	1	2	3	4	5	6	7
14.	I would like to incorporate strategies which facilitate integration in my program.	0	1	2	3	4	5	6	7
15.	I would like to know what resources are available if children w/disabilities are placed in my classroom.	0	1	2	3	4	5	6	7
16.	I am concerned about my inability to manage all that integration requires.	0	1	2	3	4	5	6	7
17.	I would like to know how my teaching (administration) is supposed to change.	0	1	2	3	4	5	6	7
18.	I would like to familiarize other schools or persons with our progress in integrating children with disabilities.	0	1	2	3	4	5	6	7

0 [Irrelevant]	1 [Not true of me now]	2	3	4 [Somewhat true of me now]	5	6	7 [Very true of me now]

19..	I am concerned about evaluating my impact on students.	0	1	2	3	4	5	6	7
20.	I would like to revise some of the strategies I have learned in the integration training.	0	1	2	3	4	5	6	7
21.	I am completely occupied with other things.	0	1	2	3	4	5	6	7
22.	I would like to modify my approach to integration based on the experiences of my students.	0	1	2	3	4	5	6	7
23.	Although I don't know about integrating children with disabilities, I am concerned about young children w/disabilities.	0	1	2	3	4	5	6	7
24.	I would like to excite my students about their part in facilitating integration.	0	1	2	3	4	5	6	7
25.	I am concerned about time spent working with peripheral problems related to integration.	0	1	2	3	4	5	6	7
26.	I would like to know what the implementation will require of me in the immediate future.	0	1	2	3	4	5	6	7
27.	I would like to coordinate my effort with others to maximize the effects of integration.	0	1	2	3	4	5	6	7
28.	I would like to have more information on time and energy commitments required by this integration effort.	0	1	2	3	4	5	6	7
29.	I would like to know what other staff/schools are doing in this area.	0	1	2	3	4	5	6	7
30.	At this time, I am not interested in learning about integration.	0	1	2	3	4	5	6	7
31.	I would like to determine how to supplement, enhance, or replace current strategies that facilitate integration.	0	1	2	3	4	5	6	7
32.	I would like to use feedback from students to change the program.	0	1	2	3	4	5	6	7
33	I would like to know how my role will change when I am integrating children w/disabilities into my classroom.	0	1	2	3	4	5	6	7
34.	Coordination of tasks and people is taking too much of my time.	0	1	2	3	4	5	6	7
35.	I would like to know how this approach is better than what we have now.	0	1	2	3	4	5	6	7

Appendix C
Evaluation: Best Practices In Inclusive Early Childhood Education

BEST PRACTICES IN INCLUSIVE EARLY CHILDHOOD PROGRAMS

The statements which follow are listed in the order of importance for the successful inclusion of children with disabilities. The statements listed first, respondents ranked as most important; those listed last, they ranked as least important.

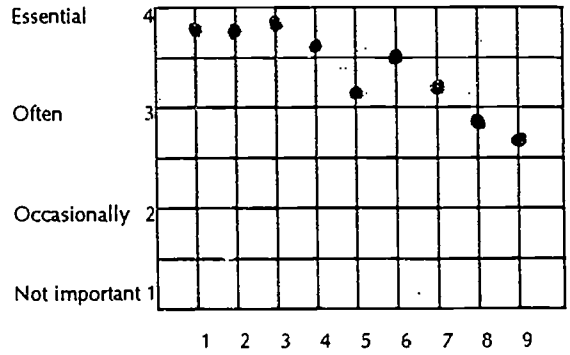
Statements were also rated as being *essential, often important, occasionally important or not important* for the successful inclusion of children with disabilities. These ratings, which were computed independently of the rank order, are shown on the charts to the right of the statements. A statement could be ranked as third or fourth in rank order, but still be rated between *often important* to *essential* for the successful inclusion of children with disabilities.

There are several groupings of statements which have not ratings. These issues came up during the focus group discussions and data was collected on Survey 1. This part of the initial survey elicited responses ranked in order of importance to questions about periods of the daily routine, staff meetings, training sessions, etc. which CIP staff deemed important to the analysis of the project.

Classroom Practices

I. Practices that promote the engagement of children with disabilities in classroom activities (in rank order):

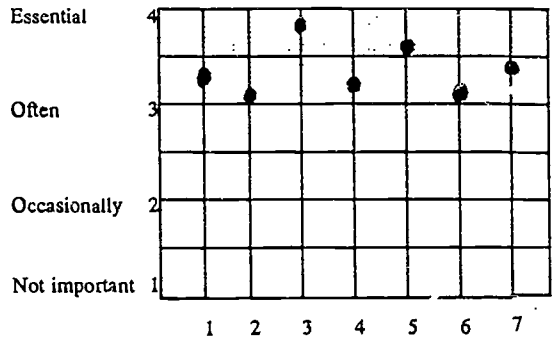
1. Having a variety of material available for child-initiated play
2. Having a classroom divided into centers
3. Having materials of high interest to children
4. Having open-ended materials
5. Having materials where they can be seen
6. Being available in an area where children may need extra help
7. Modeling appropriate use of materials
8. Introducing appropriate ways to play with unfamiliar materials
9. Having plentiful materials



II. Practices that promote social interactions between children with and without disabilities (in rank order):

1. Having a regular, consistent time for integration
2. Spending significant amount of time together (e.g. 1/2 of the time)
3. Having high interest multilevel toys (e.g. trucks, computer, dolls)
4. Having a consistent classroom for the integrated setting
5. Offering less structured activities

   (e.g. water table or bubbles)
6. Prompting by adults for appropriate social interaction (e.g. turn-taking, asking friend to play)
7. Having materials available that reflect familiar socio-dramatic scripts (e.g., housekeeping, fire station, or farm)

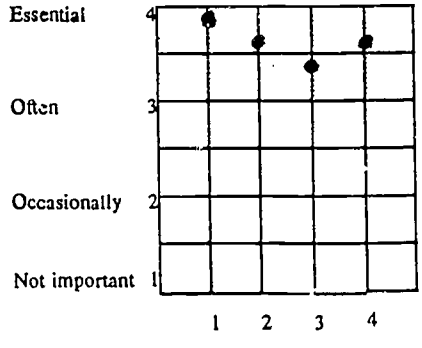


The time during the daily routine when there are the most social interactions between children with and without disabilities (in rank order):

1. Indoor playtime
2. Outdoor playtime
3. Snack
4. Circle
5. Small group
6. Story time.

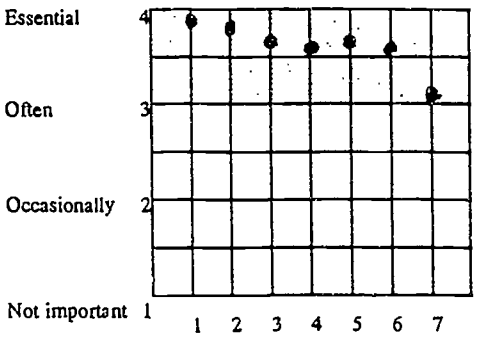
III. Practices that promote skill acquisition for children with disabilities (in rank order):

1. Having materials appropriate for a wide range of abilities
2. Modifying activities and materials to match abilities of children
3. Having age-appropriate materials
4. Adapting length of an activity to a child's attention span



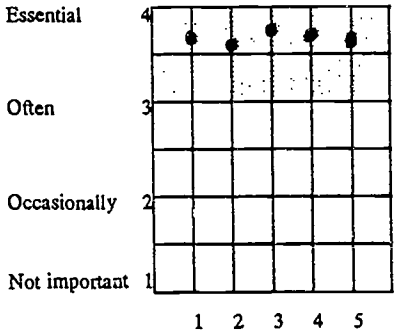
IV. Practices that build a safe, nurturing milieu for children with disabilities (in rank order):

1. Having a clearly defined and well organized classroom
2. Having consistent daily routine
3. Adjusting the routine to meet the needs of the children
4. Preparing children for changes in the routine
5. Alerting children when an activity is almost over
6. Having visual representation of the daily routine
7. Facilitating transitions with a consistent song or cue



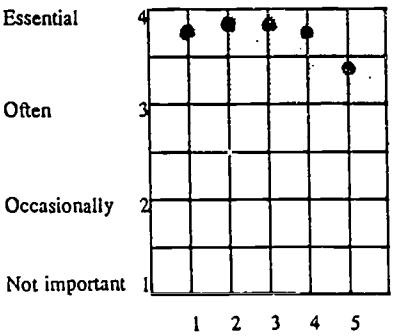
V. Practices that build a safe, nurturing milieu for children with disabilities (in rank order):

1. Establishing rules at the beginning of the year
2. Modeling what children need to do, not telling them
3. Using verbal positive reinforcement specific to accomplishment (e.g., "good job hanging your coat up")
4. Using teacher proximity to focus and calm
5. Repeating/practicing the rules over time



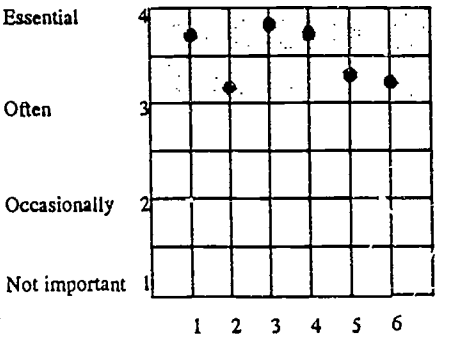
VI. Team teaching skills and procedures that support integration (in rank order):

1. Teachers who are committed to idea of inclusion
2. Teachers who are willing try new things
3. Teachers who value and use the opinion of colleagues
4. Teachers who are willing to share responsibility for all children
5. Teachers who are willing try new things



VII. Team teaching skills and procedures that support integration (in rank order):

1. Regular team planning meetings
2. Having an agreed upon system for planning instruction
3. Frequent informal meetings to monitor/adjust program
4. Having an agreed upon system for setting goals for children
5. Having general educator work directly with children with disabilities
6. Having special educator coordinate therapies



Optimum time for regular weekly scheduled team meeting (in rank order):

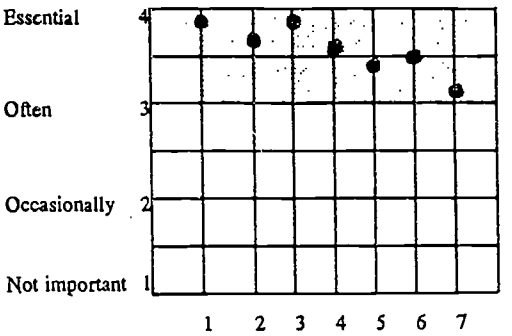
1. 1 hour
2. 2 hours
3. 1/2 hour
4. 2 + hours

The important topics to discuss at team planning meetings (in rank order):

1. Planning units/activities
2. Discuss concerns about children
3. Share strategies/ideas
4. Discuss I.E.P. goals
5. Assign responsibilities for the upcoming week
6. Share and compare data on children
7. Share information about therapy
8. Discuss home visits

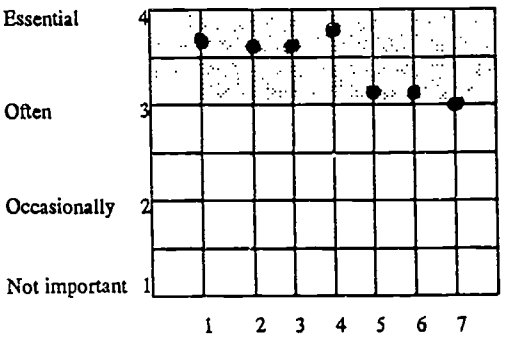
VIII. Practices that promote families' acceptance of integrated programming (in rank order):

1. Being open and honest with parents about inclusion plans
2. Communicating to parents the benefits of inclusion for all children
3. Helping parents understand the importance of play for all children
4. Communicating regularly with parents by phone or note
5. Working with parents of children with disabilities to ensure that IEP needs are met
6. Supporting specific needs of families of children with disabilities
7. Explaining confidentiality regulations

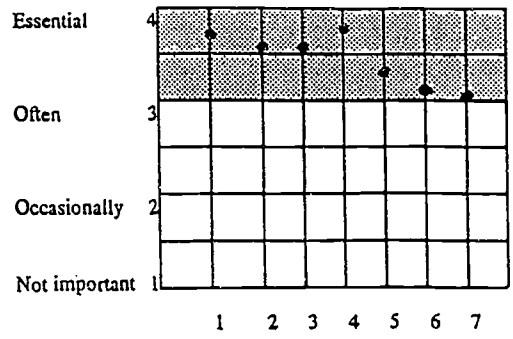


IX. The organizational factors that promoted the successful integration of children with disabilities (in rank order):

1. Having inclusion as part of the school mission or identity
2. Having administrators deal with administrative obstacles for teachers
3. Having programs follow the same calendars for teachers' inservice and student holidays
4. Having preschool general and special education staff attend same staff meetings
5. Limiting other professional demands on staff (e.g., projects, committees)
6. Being able to commingle regular and special education budgets to facilitate activities (e.g., snack and field trips)
7. Having an equal distribution of resources/materials between general and special education programs



X. The organizational factors that promoted the successful integration of children with disabilities (in rank order):

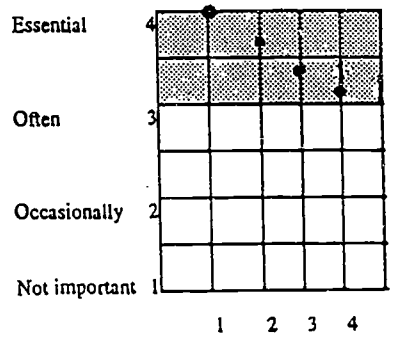


1. Having flexibility to make program changes that are best for children
2. Having stability of team members throughout the year
3. Having all children arrive and leave at the same time
4. Having easy physical access between classes doing partial integration
5. Having flexibility to make staffing changes that are in the best interest of the children (e.g. child:staff ratios)
6. Having team members work the same hours each day
7. Having "receiving school" participate in the placement process

In a class of 16, the ratio of typically-developing children to children with disabilities which would be most desirable (in rank order):

1. 12:4
2. 14:2
3. 8:8
4. 15:1

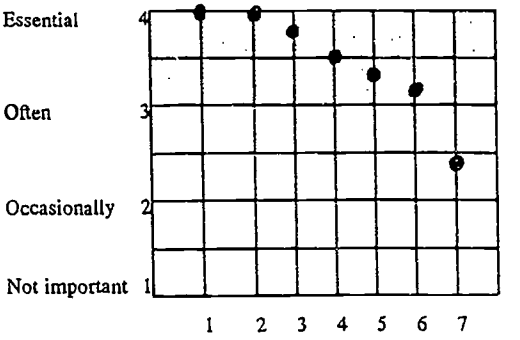
XI. The organizational factors that promoted the successful integration of children with disabilities (in rank order):



1. Having training that is built around teachers expressed needs
2. Having training and technical assistance to support integration
3. Promoting team interaction during training
4. Having time during workshops to plan as a team

XII. The individuals important to have at training sessions (in rank order):

1. ECE Early childhood educator
2. ECSE Early childhood special educator
3. Paraprofessional/assistant teacher
4. Speech/language therapist
5. Administrator
6. Occupational or physical therapist
7. Parent



Integration training would be most valuable:

1. Part before/part during inclusion
2. Prior to inclusion
3. During inclusion

The part of training most helpful in supporting inclusion:

1. Group workshop training
2. On-site follow-up session with trainer
3. Site visits to inclusive programs
4. On-site follow-up with school instructional specialists

Preference of the length of a training session:

1. Half-day
2. Full-day
3. 2-hour inservice after school

An ideal follow-up schedule with trainer would be:

1. 1 visit per month
2. 1 visit per group training session/workshop
3. 1 visit per week

The on-site follow-up by the trainer which was most helpful was:

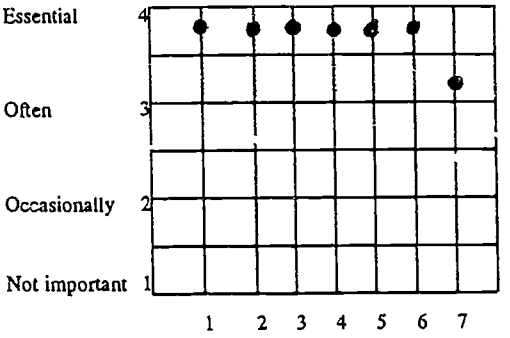
1. Suggesting strategies and techniques
2. Classroom observations
3. Offering encouragement
4. Designing team materials like planning sheet
5. Facilitating/guiding team discussions
6. Providing materials
7. Facilitating meetings between teachers and administrators

XIII. The values which promote inclusion of children with disabilities are (in rank order):

1. Children with and without disabilities are more similar than different

2. All ildren should be given the opportunity to respond in their own way

3. Expectations should differ from child-to-child depending on their developmental level and learning style



4. Different children need different degrees of support to be successful in inclusive settings

5. Inclusive programs are better able to prepare children with disabilities for future mainstream placements than self-contained placements

6. Professionals have skills and knowledge to contribute to one another

7. All children benefit from their experiences in integrated classrooms

BEST PRACTICES IN EARLY CHILDHOOD INCLUSIVE PROGRAMS: SURVEY RESPONSES

The survey questionnaire responses were ranked and rated as follows:

I. What practices promote the engagement of children with disabilities in classroom activities:

Rank	Value 1-9	Statement	Rating 1-4
1	3.0	Having a variety of material available for child-initiated play	3.79
2	3.21	Having a classroom divided into centers	3.79
3	3.64	Having materials of high interest to children	3.85
4	4.21	Having open-ended materials	3.64
5	4.79	Having materials where they can be seen	3.15
6	5.93	Being available in an area where children may need extra help	3.50
7	6.14	Modeling appropriate use of materials	3.21
8	6.50	Introducing appropriate ways to play with unfamiliar materials	2.86
9	7.57	Having plentiful materials	2.64

II. What practices promote social interactions between children with and without disabilities?

Rank	Value 1-7	Statement	Rating 1-4
1	3.14	Having a regular, consistent time for integration	3.36
2	3.14	Spending significant amount of time together (e.g. 1/2 of the time)	3.07
3	3.50	Having high interest multilevel toys (e.g. truck, computer, dolls)	3.86
4	4.29	Having a consistent classroom for the integrated setting	3.21
5	4.43	Offering less structured activities (e.g. water table or bubbles)	3.57
6	4.50	Prompting by adults for appropriate social interaction (e.g. turn-taking, asking friend to play)	3.07
7	4.64	Having materials available that reflect familiar socio-dramatic scripts (e.g. housekeeping, fire station, or farm)	3.43

What daily activity time promoted the most social interactions between children with and without disabilities:

Rank	Value 1-6	Statement
1	1.92	Indoor playtime
2	2.42	Outdoor playtime
3	3.36	Snack
4	3.92	Circle
5	4.25	Small group
6	4.92	Story time

III. What practices promote skill acquisition for children with disabilities:

Rank	Value 1-4	Statement	Rating 1-4
1	1.86	Having materials appropriate for a wide range of abilities	3.93
2	2.43	Modifying activities and materials to match abilities of children	3.57
3	2.57	Having age-appropriate materials	3.43
4	3.14	Adapting length of an activity to a child's attention span	3.57

IV. What practices build a safe, nurturing milieu for children with disabilities?

Rank	Value 1-6	Statement	Rating 1-4
1	1.93	Having a clearly defined and well organized classroom	3.93
2	2.07	Having consistent daily routine	3.86
3	3.50	Adjusting the routine to meet the needs of the children	3.64
4	4.64	Preparing children for changes in the routine	3.57
5	5.00	Alerting children when an activity is almost over	3.64
6	5.43	Having visual representation of the daily routine	3.43
6	5.43	Facilitating transitions with a consistent song or cue	3.07

V. What practices build a safe, nurturing milieu for children with disabilities?

Rank	Value 1-5	Statement	Rating 1-4
1	2.43	Establishing rules at the beginning of the year	3.64
2	2.86	Modeling what children need to do, not telling them	3.57
3	2.93	Using verbal positive reinforcement specific to accomplishment (e.g., "good job hanging your coat up")	3.71
4	3.07	Using teacher proximity to focus and calm	3.69
5	3.71	Repeating/practicing the rules over time	3.57

VI. What team teaching skills and procedures support integration?

Rank	Value 1-5	Statement	Rating 1-4
1	1.57	Teachers who are committed to idea of inclusion	3.86
2	2.86	Teachers who are willing to try new things	3.93
3	3.00	Teachers who value and use the opinion of colleagues	3.93
4	3.14	Teachers who are willing to share responsibility for all children	3.79
5	4.43	Teacher who are willing to try new things	3.43

VII. What team teaching skills and procedures support integration?

Rank	Value 1-6	Statement	Rating 1-4
1	1.57	Regular team planning meetings	3.79
2	3.07	Having an agreed upon system for planning instruction	3.21
3	3.14	Frequent informal meetings to monitor/adjust program	3.86
4	3.21	Having an agreed upon system for setting goals for children	3.71
5	4.71	Having general educator work directly with children with disabilities	3.36
6	5.14	Having special educator coordinate therapies	3.21

Optimum time for regular weekly scheduled team meeting:

Rank	Value 1-4	Statement
1	1.21	1 hour
2	2.38	2 hours
3	2.85	1/2 hour
4	3.46	2 + hours

Rank the important topics to discuss at team planning meetings.

Rank	Value 1-8	Statement
1	2.1	Planning units/activities
2	2.3	Discuss concerns about children
3	2.9	Share strategies/ideas
4	4.4	Discuss I.E.P. goals
5	4.7	Assign responsibilities for the upcoming week
6	5.8	Share and compare data on children
7	6.1	Share information about therapy
8	7.5	Discuss home visits

VIII. What practices promote families' acceptance of integrated programming?

Rank	Value 1-7	Statement	Rating 1-4
1	2.50	Being open and honest with parents about inclusion plans	3.93
2	2.71	Communicating to parents the benefits of inclusion for all children	3.71
3	2.93	Helping parents understand the importance of play for all children	3.93
4	3.71	Communicating regularly with parents by phone or note	3.57
5	4.43	Working with parents of children with disabilities to ensure that IEP needs are met	3.43
6	5.36	Supporting specific needs of families of children with disabilities	3.50
7	6.36	Explaining confidentiality regulations	3.14

IX. What organizational factors promoted the successful integration of children with disabilities?

Rank	Value 1-7	Statement	Rating 1-4
1	2.14	Having inclusion as part of the school mission or identity	3.71
2	3.14	Having administrators deal with administrative obstacles for teachers	3.69
3	3.79	Having programs follow the same calendars for teachers' in service and student holidays	3.67
4	3.86	Having preschool general and special education staff attend same staff meetings	3.86
5	4.43	Limiting other professional demands on staff (e.g. projects, committees)	3.15
6	5.36	Being able to commingle regular and special education budgets to facilitate activities (e.g. snack and field trips)	3.17
7	5.50	Having an equal distribution of resources/materials between general and special education programs	3.00

X. What organizational factors promoted the successful integration of children with disabilities?

Rank	Value 1-6	Statement	Rating 1-4
1	2.71	Having flexibility to make program changes that are best for children	3.71
2	3.14	Having stability of team members throughout the year	3.57
3	3.14	Having all children arrive and leave at the same time	3.54
4	3.36	Having easy physical access between classes doing partial integration	3.75
5	4.21	Having flexibility to make staffing changes that are in the best interest of the children (e.g. child:staff ratios)	3.29
6	4.57	Having team members work the same hours each day	3.14
7	5.64	Having "receiving school" participate in the placement process	3.08

In a class of 16, which ratio of typically-developing children to children with disabilities would be most desirable?

Rank	Value 1-4	Statement
1	1.54	12:4
2	2.08	14:2
3	3.00	8:8
4	3.38	15:1

XI. What organizational factors promoted the successful integration of children with disabilities?

Rank	Value 1-4	Statement	Rating 1-4
1	1.86	Having training that is built around teachers expressed needs	4.00
2	2.57	Having training and technical assistance to support integration	3.69
3	2.64	Promoting team interaction during training	3.36
4	2.93	Having time during workshops to plan as a team	3.21

XII. What is the importance of having the following individuals at training sessions?

Rank	Value 1-6	Statement	Rating 1-4
1	1.38	ECE Early childhood educator	4.00
2	1.77	ECSE Early childhood special educator	4.00
3	3.85	Paraprofessional/assistant teacher	3.75
4	4.38	Speech/language therapist	3.50
5	4.69	Administrator	3.31
6	5.31	Occupational or physical therapist	3.15
7	6.62	Parent	2.46

Rank which time would be most valuable for integration training

Rank	Value 1-3	Statement
1	1.1	Part before/part during inclusion
2	2.4	Prior to inclusion
3	2.5	During inclusion

Rank what parts of training are most helpful in supporting inclusion

Rank	Value 1-4	Statement
1	1.9	Group workshop training
2	2.4	On-site follow-up session with trainer
3	2.5	Site visits to inclusive programs
4	3.2	On-site follow-up with school instructional specialist

Preference of the length of a training session:

Rank	Value 1-3	Statement
1	1.6	Half-day
2	1.9	Full-day
3	2.5	2-hour inservice after school

An ideal follow-up schedule with trainer would be:

Rank	Value 1-3	Statement
1	1.4	1 visit per month
2	1.9	1 visit per group training session/workshop
3	2.7	1 visit per week

Rank which part of the on-site follow-up by the trainer was most helpful

Rank	Value 1-7	Statement
1	2.0	Suggesting strategies and techniques
2	4.2	Classroom observations
3	4.7	Offering encouragement
4	3.9	Designing team materials like planning sheet
5	3.8	Facilitating/guiding team discussions
6	4.3	Providing materials
7	5.0	Facilitating meetings between teachers and administrators

XIII. What are the values which promote inclusion of children with disabilities?

Rank	Value 1-7	Statement	Rating 1-4
1	2.15	Children with and without disabilities are more similar than different	3.77
2	3.46	All children should be given the opportunity to respond in their own way	3.77
3	3.85	Expectations should differ from child-to-child depending on their developmental level and learning style	3.77
4	3.85	Different children need different degrees of support to be successful in inclusive settings	3.69
5	4.62	Inclusive programs are better able to prepare children with disabilities for future mainstream placements than self-contained placements	3.69
6	4.85	Professionals have skills and knowledge to contribute to one another	3.69
7	5.23	All children benefit from their experiences in integrated classrooms	3.25

Focus Group Questions

Classroom Structure

Do you have centers/areas in your classroom? Please describe how they are set up. (Probe for information about signs/labels)

Why do you have centers in your classroom?

How are the materials set up in the classroom/how are they stored?

How do the children know where the materials belong?

How do you decide what type of materials to have in your classroom? (Probe for sensitivity to age and ability level)

Activities

Please describe a typical day.

What activities are teacher-directed?

What activities are child-selected?

When do the children have time to work/play independently?

What activities are done in a large group?

What activities are done in a small group?

What type of quiet play/time do the children have during the day?

What type of active time do the children have during the day?

How often and for how long do the children have free play? What do the teachers do during the free play time?

Do you group children for certain activities? Which activities? What criteria do you use for grouping? (Probe about amount of time children with and without disabilities are engaging in activities together.)

How do the children know the routines and rules of the classroom? (Probe about review of plans for the day, signs/pictures about rules and routines).

Are all the children expected to participate and respond to activities in the same manner? Please explain.

How is language development encouraged in your classroom?

FAIRFAX AND ALEXANDRIA

Have you adopted a curriculum for use in your classroom? Please describe.

Teaming

How often do all the teachers/team have an opportunity to get together?

What do you talk about? (Probe for planning, problem-solving, preparation of materials)

FAIRFAX AND ALEXANDRIA

Does the whole team know the goals for each child? How is this information shared?

Evaluation/Assessment of Children

How do you keep track of the children's progress over time? (Probe for frequency of monitoring and methods)

FAIRFAX AND ALEXANDRIA

Why do you keep track of children's progress over time? How do you use the information? (Probe for individualization)

How do you work on IEPs in the classroom?

We still need to develop general questions about the usefulness, relevance of training.

Best Practices in Inclusive Early Childhood Education: Teachers' Perspectives

This survey asks you to rate teaching practices a strategies which you have found to be of *critical importance for the successful inclusion of children with disabilities* into your classrooms. Please rate practices based on their importance to inclusive programming, that is those practices which significantly aided you in creating a quality program for children with and without disabilities. The survey is divided into four sections: (1) classroom practices, (2) team teaching and parents, (3) organization, and (4) values and beliefs.

The rating scale ranges from 1 to 4. A rating of (1) indicates practices which you judge as NOT IMPORTANT to the successful inclusion of children with disabilities. A rating of (4) indicates practices which you judge as ESSENTIAL to the successful inclusion of children with disabilities. If you are unfamiliar with a practice or uncertain as to its importance to you for inclusion, (DK) indicating "Don't Know" is included as an option.

DK	=	DON'T NOW
1	=	NOT IMPORTANT
2	=	OCCASIONALLY IMPORTANT
3	=	OFTEN IMPORTANT
4	=	ESSENTIAL

What best describes the children with disabilities you have had in your classroom. Check every description that applies to one or more children.

___ Developmentally-delayed
___ ADD
___ Autistic
___ Speech/Language-delayed
___ Mentally retarded
___ Hearing impaired
___ Vision impaired
___ Other (please describe) _____

What is the ratio of typically-developing children to children-with-disabilities in your classroom.

Typical : Disabled

Year 1: _____ : _____
Year 2: _____ : _____

CLASSROOM PRACTICES

What practices promote the engagement of **children with disabilities** in classroom activities?

Don't Know	Not Important	Occasionally	Often	Essential	
DK	1	2	3	4	Having a variety of material available for child-initiated play
DK	1	2	3	4	Having plentiful materials
DK	1	2	3	4	Having open-ended materials
DK	1	2	3	4	Having realistic props
DK	1	2	3	4	Having junk art supplies such as pom-poms, buttons, etc.
DK	1	2	3	4	Having materials of high interest to children
DK	1	2	3	4	Rotating materials
DK	1	2	3	4	Limiting the number of materials available
DK	1	2	3	4	Having materials and shelves clearly labeled
DK	1	2	3	4	Having materials where they can be seen
DK	1	2	3	4	Having a classroom divided into centers
DK	1	2	3	4	Having an open classroom where children can see into all centers
DK	1	2	3	4	Having small openings into centers
DK	1	2	3	4	Having room structured with quiet areas distinct from active areas
DK	1	2	3	4	Being able to close or cover an activity area
DK	1	2	3	4	Having centers clearly labelled
DK	1	2	3	4	During child-initiated play time, helping the child make/choose a plan
DK	1	2	3	4	Introducing appropriate ways to play with unfamiliar materials
DK	1	2	3	4	Modelling appropriate use of materials
DK	1	2	3	4	Being available in an area where children may need extra help
DK	1	2	3	4	Engaging in play with children
DK	1	2	3	4	Providing language cues to extend play
DK	1	2	3	4	Providing functional assistance, for example; helping with smocks
DK	1	2	3	4	Rotating around room
DK	1	2	3	4	Refocusing children who are running off
DK	1	2	3	4	Offering a model to a child when doing an art activity
DK	1	2	3	4	Offering children concrete reinforcement such as stickers for remaining the center for a specific amount of time

What practices promote social interactions between **children with and without disabilities?**

Don't know	Not important	Occasionally	Often	Essential	
DK	1	2	3	4	Having a regular, consistent time for integration
DK	1	2	3	4	Spending significant amount of time together (e.g. 1/2 of the time)
DK	1	2	3	4	Having a consistent group of children together
DK	1	2	3	4	Having a consistent classroom for the integrated setting
DK	1	2	3	4	Having high-interest multilevel toys (e.g. trucks, computer, dolls)
DK	1	2	3	4	Promoting by adults for appropriate social interactions (e.g. turn-taking, asking friend to play)
DK	1	2	3	4	Having materials available that reflect familiar socio-dramatic scripts (e.g. housekeeping, fire station, or farm)
DK	1	2	3	4	Offering less structured activities (e.g. water table or bubbles)
DK	1	2	3	4	Offering more structured activities (e.g. cooking or crafts)

What daily activity time promoted the most social interactions between children with and without disabilities? *Please rank from 1-6 with 1 being the time of the MOST social interactions and 6 being the time of the LEAST social interactions.*

____ Circle
____ Snack
____ Outdoor playtime
____ Indoor playtime
____ Small group
____ Story time

What practices promote skill acquisition for **children with disabilities?**

Don't know	Not important	Occasionally	Often	Essential	
DK	1	2	3	4	Having age-appropriate materials
DK	1	2	3	4	Having materials appropriate for a wide range of abilities
DK	1	2	3	4	Having materials to support themes throughout the centers
DK	1	2	3	4	Having materials that prepare children for their next placement
DK	1	2	3	4	Having adaptive equipment available (e.g. scissors, chairs)
DK	1	2	3	4	Modifying activities and materials to match abilities of children
DK	1	2	3	4	Providing 1 to 1 instruction for child functioning poorly in large group activities
DK	1	2	3	4	Bringing material to a child on occasion, rather than making the child come to the material
DK	1	2	3	4	Adapting length of an activity to a child's attention span
DK	1	2	3	4	Using volunteers (e.g. parents, senior citizens, older children)
DK	1	2	3	4	Observing and/or writing down observations
DK	1	2	3	4	Ongoing evaluation of IEP objectives

What practices build a safe, nurturing milieu for **children with disabilities?**

Don't Know	Not Important	Occasionally	Often	Essential	
DK	1	2	3	4	Having a quiet out-of-the-way space in the classroom
DK	1	2	3	4	Having dividers to offer confinement
DK	1	2	3	4	Having a clearly defined and well organized classroom
DK	1	2	3	4	Establishing rules at the beginning of the year
DK	1	2	3	4	Having children generate rules for the classroom
DK	1	2	3	4	Providing visual reminders of the rules, such as a picture poster
DK	1	2	3	4	Repeating/practicing the rules over time
DK	1	2	3	4	Having all integrated classes in a building follow the same rules
DK	1	2	3	4	Using the native language of a child to explain the rules
DK	1	2	3	4	Sending home notes when a child succeeds at conforming to rules
DK	1	2	3	4	Working collaboratively with parents on expectations at home and school
DK	1	2	3	4	Using teacher proximity to focus and calm
DK	1	2	3	4	Modeling what children need to do, not telling them
DK	1	2	3	4	Using verbal positive reinforcement specific to accomplishment (e.g. "good job hanging your coat up")
DK	1	2	3	4	Using positive reinforcers (e.g. stickers, stamping hands)
DK	1	2	3	4	Offering non-compliant children choices within a limited scope
DK	1	2	3	4	Having another option for a child unable to do a daily event (circle)
DK	1	2	3	4	Intervening immediately when something happens
DK	1	2	3	4	Using a behavior chart with happy and sad faces
DK	1	2	3	4	Ignoring misbehavior
DK	1	2	3	4	Using a time-out chair
DK	1	2	3	4	Having consistent daily routine
DK	1	2	3	4	Having visual representation of the daily routine
DK	1	2	3	4	Preparing children for changes in the routine
DK	1	2	3	4	Adjusting the routine to meet the needs of the children
DK	1	2	3	4	Asking children to recall activities of the day prior to leaving school
DK	1	2	3	4	Alerting children when an activity is almost over
DK	1	2	3	4	Preparing children for the next activity (e.g. asking children "What are we going to do next?")
DK	1	2	3	4	Facilitating transitions with consistent song or cues

What team teaching skills and procedures support integration?

Don't Know	Not Important	Occasionally	Often	Essential	
DK	1	2	3	4	Teachers who are willing try new things
DK	1	2	3	4	Teachers who are willing to give up ownership of children
DK	1	2	3	4	Teachers who are committed to idea of inclusion
DK	1	2	3	4	Teachers who are willing to share responsibility for all children
DK	1	2	3	4	Teachers who value and use the opinion of colleagues
DK	1	2	3	4	Teachers who have personal relationships with team members
DK	1	2	3	4	Regular team planning meetings
DK	1	2	3	4	Running formal meetings for an agenda
DK	1	2	3	4	Taking minutes at formal meetings
DK	1	2	3	4	Distributing minutes to all team members
DK	1	2	3	4	Frequent informal meetings to monitor/adjust program

Optimum time for regular weekly scheduled team meeting [rank order (1) MOST desirable to (4) LEAST desirable]:

____ 1/2 hour ____ 1 hour ____ 2 hours ____ 2 + HOURS

Rate the importance of having each of these individuals at the regular team meeting.

DK	1	2	3	4	ECE Early childhood educator
DK	1	2	3	4	ECSE Early childhood special educator
DK	1	2	3	4	Paraprofessional/assistant teacher
DK	1	2	3	4	Speech/Language therapist
DK	1	2	3	4	Occupational or physical therapist
DK	1	2	3	4	Administrator
DK	1	2	3	4	Other _____
DK	1	2	3	4	All team members have access to records of all children
DK	1	2	3	4	Having an agreed upon system for setting goals for children
DK	1	2	3	4	Having an agreed upon system for planning instruction
DK	1	2	3	4	Having an agreed upon system for gathering data on children
DK	1	2	3	4	Having special educator as an on-site resource
DK	1	2	3	4	Having general educator work directly with children with disabilities
DK	1	2	3	4	Having special educator model specific interventions
DK	1	2	3	4	Having special educator coordinate therapies

Rank the importance of discussing these topics at team planning meetings from 1-8, with 1 being the MOST important and 8 being the LEAST important.

___ Planning units/activities
___ Discuss I.E.P. goals
___ Share strategies/ideas
___ Share information about therapy
___ Discuss home visits
___ Assign responsibilities for the upcoming week
___ Share and compare data on children
___ Discuss concerns about children

What practices promote families' acceptance of integrated programming?

Don't Know	Not important	Occasionally	Often	Essential	
DK	1	2	3	4	Helping parents understand the importance of play for all children
DK	1	2	3	4	Making home visits
DK	1	2	3	4	Working with parents to ensure that IEP needs are met
DK	1	2	3	4	Communicating regularly with parents by phone or note
DK	1	2	3	4	Supporting specific needs of families of children with disabilities
DK	1	2	3	4	Helping parents understand effects of specific disabilities
DK	1	2	3	4	Providing parent volunteers strategies to use in the classroom
DK	1	2	3	4	Explaining confidentiality regulations
DK	1	2	3	4	Communicating to parents the benefits of inclusion for all children
DK	1	2	3	4	Being open and honest with parents about inclusion plans
DK	1	2	3	4	Developing a directory of family names, addresses, phone numbers, etc.

ORGANIZATION

What organizational factors promoted the successful integration of **children with disabilities?**

Don't Know	Not Important	Occasionally	Often	Essential	
DK	1	2	3	4	Having inclusion as part of the school mission or identity
DK	1	2	3	4	Having administrators facilitate team planning time
DK	1	2	3	4	Limiting other professional demands on staff (e.g. projects, committees)
DK	1	2	3	4	Having administrators deal with administrative obstacles for teachers
DK	1	2	3	4	Having preschool general and special education staff attend same staff meetings
DK	1	2	3	4	Having teacher assistants participate in planning as part of their work
DK	1	2	3	4	Communicate staff competence to parents
DK	1	2	3	4	Having stability of team members throughout the year
DK	1	2	3	4	Having team members work the same hours each day
DK	1	2	3	4	Having flexibility to make staffing changes that are in the best interest of the children (e.g. child:staff ratios)
DK	1	2	3	4	Having release time to meet with the child's previous teacher
DK	1	2	3	4	Having an equal distribution of resources/materials between general and special education programs
DK	1	2	3	4	Having programs follow the same calendars for teachers' inservice and student holidays
DK	1	2	3	4	Being able to commingle regular and special education budgets to facilitate activities (e.g. snack and field trips)
DK	1	2	3	4	Having general and special education programs develop collaborative polices and procedures
DK	1	2	3	4	Having a common core curriculum in integrated program
DK	1	2	3	4	Having the same home visit requirements in general and special education programs
DK	1	2	3	4	Having stability of classroom roster (children) throughout the year
DK	1	2	3	4	Having "receiving school" participate in the placement process
DK	1	2	3	4	Having flexibility to make program changes that are best for children
DK	1	2	3	4	Having all children arrive and leave at the same time
DK	1	2	3	4	Having children ride the same bus
DK	1	2	3	4	Having same daily schedule in class doing partial integration
DK	1	2	3	4	Having easy physical access between classes doing partial integration

In a class of 16, which ratio of typically-developing children to children with disabilities would be most desirable? Please rank the following from 1 to 4, with 1 being MOST desirable and 4 being LEAST desirable.

___ 15:1 ___ 14:2 ___ 12:4 ___ 8:8

Don't Know	Not Important	Occasionally	Often	Essential	
DK	1	2	3	4	Having training and technical assistance to support integration
DK	1	2	3	4	Having an "outside-the-system" trainer
DK	1	2	3	4	Having trainers as advocates for teachers at building and central office level
DK	1	2	3	4	Having training that is built around teachers expressed needs
DK	1	2	3	4	Promoting team interaction during training
DK	1	2	3	4	Having time during workshops to plan as a team
DK	1	2	3	4	Sharing information with other teams during workshops
DK	1	2	3	4	Use of slides and videos in workshops
DK	1	2	3	4	Having workshops include demonstrations of strategies/techniques
DK	1	2	3	4	Having time to practice new skills during workshops
DK	1	2	3	4	Having workshops include hands-on "make and take" activities
DK	1	2	3	4	Having hand-outs at workshops
DK	1	2	3	4	Having support group meetings after initial training is completed

Rate the importance of having the following individuals at training sessions

DK	1	2	3	4	ECE Early childhood educator
DK	1	2	3	4	ECSE Early childhood special educator
DK	1	2	3	4	Paraprofessional/assistant teacher
DK	1	2	3	4	Speech/language therapist
DK	1	2	3	4	Occupational or physical therapist
DK	1	2	3	4	Administrator
DK	1	2	3	4	Other _____

Rate the importance of being trained in the following content:

DK	1	2	3	4	Helping parents and children understand disabilities
DK	1	2	3	4	Developing attitudes which support inclusion
DK	1	2	3	4	Learning strategies and practices which support inclusion

Rank which time would be most valuable for integration training (1 is MOST valuable and 3 is LEAST valuable):

___ Prior to inclusion
___ During inclusion
___ Part before/part during inclusion

Rank what parts of training are most helpful in supporting inclusion (1 is MOST helpful and 4 is LEAST helpful):

___ Group workshop training
___ On-site follow-up session with trainer
___ On-site follow-up with school instructional specialists
___ Site visits to inclusive programs

Rank your preference of the length of a training session (1 MOST to 3 LEAST)

___ Full-day
___ Half-day
___ 2-hour inservice after school

An ideal follow-up schedule with trainer would be [rank order (1) MOST desirable to (3) LEAST desirable]:

___ 1 visit per week
___ 1 visit per month
___ 1 visit per group training session/workshop

Rank which part of the on-site follow-up by the trainer was most helpful (1 is MOST helpful and 7 is LEAST helpful):

___ Classroom observations
___ Facilitating/guiding team discussions
___ Designing team materials like planning sheet
___ Providing materials
___ Offering encouragement
___ Facilitating meetings between teachers and administrators
___ Suggesting strategies and techniques

VALUES AND BELIEFS

What are the values which promote inclusion **of children with disabilities?**

Don't Know	Not Important	Occasionally	Often	Essential	
DK	1	2	3	4	Children with and without disabilities are more similar than different
DK	1	2	3	4	Children with disabilities are as responsive to a developmentally appropriate curriculum as typically-developing children
DK	1	2	3	4	Typically-developing children in integrated settings are more accepting of children with disabilities
DK	1	2	3	4	Children with and without disabilities can learn from one another
DK	1	2	3	4	All children should be given the opportunity to respond in their own way
DK	1	2	3	4	Expectations should differ from child-to-child depending on their developmental level and learning style
DK	1	2	3	4	Different children need different degrees of support to be successful in inclusive settings
DK	1	2	3	4	All children benefit from their experiences in integrated classrooms
DK	1	2	3	4	General education staff working in integrated settings can meet the needs of children with disabilities
DK	1	2	3	4	Professionals have skills and knowledge to contribute to one another
DK	1	2	3	4	Inclusion positively impacts the behavior of children with disabilities
DK	1	2	3	4	Inclusion promotes higher expectations for children with disabilities
DK	1	2	3	4	Inclusive programs are better able to prepare children with disabilities for future mainstream placements than self-contained placements
DK	1	2	3	4	Inclusive programs help staff make better recommendations for future placements

Best Practices in Inclusive Early Childhood Education: Teachers' Perspectives

This is the second and final survey for identifying practices and strategies which you have found to be of *critical importance for the successful inclusion of children with disabilities* in your classrooms. In the first round, 17 surveys were sent out and 10 were returned. This questionnaire reflects those survey responses. In Round II we invite all 17 participants to complete the survey.

Items included on this survey received a high average rating in the first round. This round we ask that you complete two procedures. First, **rank the items** in each box from most (1 signifies the most important) to least important. Ranking is a difficult but necessary quantifying procedure. Please assign each item a "whole" number (1,2,3,etc.) not a fraction such as 1.5.

Secondly, **rate each item** using a 1-4 scale. A rating of (1) indicates practices which you judge as NOT IMPORTANT to the successful inclusion of children with disabilities. A rating of (4) indicates practices which you judge as ESSENTIAL to the successful inclusion of children with disabilities. If you are unfamiliar with a practice or uncertain as to its importance to you for inclusion, (DK) indicating "Don't Know", is included as an option.

DK	=	DON'T KNOW
1	=	NOT IMPORTANT
2	=	OCCASIONALLY IMPORTANT
3	=	OFTEN IMPORTANT
4	=	ESSENTIAL

Finally, we ask you mail back the stipend form with your survey. It is important to complete all the information to guarantee a timely reimbursement for your efforts. George Washington University usually takes 4-6 weeks to process the stipends. If you have not received your check by September 6, please give me, Penny Wald, a call at (703)836-0723. You will note on the stipend form an option of requesting a $15 or $25 stipend. If you completed and returned your survey for both Round I and Round II, please check $25. If you only participated in the second round, please check $15.

Please return the survey by **Friday, July 22** in the enclosed envelope. Thank you very much for your help. We will send you the results when we finish the analysis.

Return by July 22, 1994

To: Penny Wald, CIP, 402 N. View Terrace, Alexandria, VA 22301

CLASSROOM PRACTICES

What practices promote the engagement of **children with disabilities** in classroom activities?

Rank from 1 to 9, with 1 being MOST IMPORTANT	Don't Know	Not Import	Occasion ally	Often	Essen tial
_____ Having a variety of material available for child-initiated play	DK	1	2	3	4
_____ Having plentiful materials	DK	1	2	3	4
_____ Having open-ended materials	DK	1	2	3	4
_____ Having materials of high interest to children	DK	1	2	3	4
_____ Having materials where they can be seen	DK	1	2	3	4
_____ Having a classroom divided into centers	DK	1	2	3	4
_____ Introducing appropriate ways to play with unfamiliar materials	DK	1	2	3	4
_____ Modelling appropriate use of materials	DK	1	2	3	4
_____ Being available in an area where children may need extra help	DK	1	2	3	4

What practices promote social interactions between **children with and without disabilities?**

Rank from 1 to 7, with 1 being MOST IMPORTANT	Don't Know	Not Import	Occasion ally	Often	Essen tial
_____ Having a regular, consistent time for integration	DK	1	2	3	4
_____ Spending significant amount of time together (e.g. 1/2 of the time)	DK	1	2	3	4
_____ Having a consistent classroom for the integrated setting	DK	1	2	3	4
_____ Having high interest multilevel toys (e.g. trucks, computer, dolls)	DK	1	2	3	4
_____ Prompting by adults for appropriate social interactions (e.g. turn-taking, asking friend to play)	DK	1	2	3	4
_____ Having materials available that reflect familiar socio-dramatic scripts (e.g. housekeeping, fire station, or farm)	DK	1	2	3	4
_____ Offering less structured activities (e.g. water table or bubbles)	DK	1	2	3	4

What practices promote skill acquisition for **children with disabilities?**

Rank from 1 to 4, with 1 being MOST IMPORTANT	Don't Know	Not Import	Occasion ally	Often	Essen tial
_____ Having age-appropriate materials	DK	1	2	3	4
_____ Having materials appropriate for a wide range of abilities	DK	1	2	3	4
_____ Modifying activities and materials to match abilities of children	DK	1	2	3	4
_____ Adapting length of an activity to a child's attention span	DK	1	2	3	4

What practices build a safe, nurturing milieu for **children with disabilities?**

Rank from 1 to 7, with 1 being MOST IMPORTANT		Don't Know	Not Import	Occasion ally	Often	Essen tial
_____	Having consistent daily routine	DK	1	2	3	4
_____	Having visual representation of the daily routine	DK	1	2	3	4
_____	Preparing children for changes in the routine	DK	1	2	3	4
_____	Adjusting the routine to meet the needs of the children	DK	1	2	3	4
_____	Alerting children when an activity is almost over	DK	1	2	3	4
_____	Facilitating transitions with a consistent song or cue	DK	1	2	3	4
_____	Having a clearly defined and well organized classroom	DK	1	2	3	4

Rank from 1 to 5, with 1 being MOST IMPORTANT		Don't Know	Not Import	Occasion ally	Often	Essen tial
_____	Establishing rules at the beginning of the year	DK	1	2	3	4
_____	Repeating/practicing the rules over time	DK	1	2	3	4
_____	Using teacher proximity to focus and calm	DK	1	2	3	4
_____	Modeling what children need to do, not telling them	DK	1	2	3	4
_____	Using verbal positive reinforcement specific to accomplishment (e.g. "good job hanging your coat up")	DK	1	2	3	4

TEACHING TEAM AND PARENTS

What team teaching skills and procedures support integration?

Rank from 1 to 5, with 1 being MOST IMPORTANT		Don't Know	Not Import	Occasionally	Often	Essential
_____	Teachers who are willing try new things	DK	1	2	3	4
_____	Teachers who are willing to give up ownership of children	DK	1	2	3	4
_____	Teachers who are committed to idea of inclusion	DK	1	2	3	4
_____	Teachers who are willing to share responsibility for all children	DK	1	2	3	4
_____	Teachers who value and use the opinion of colleagues	DK	1	2	3	4

Rank from 1 to 6, with 1 being MOST IMPORTANT		Don't Know	Not Import.	Occasionally	Often	Essential
_____	Regular team planning meetings	DK	1	2	3	4
_____	Frequent informal meetings to monitor/adjust program	DK	1	2	3	4
_____	Having an agreed upon system for setting goals for children	DK	1	2	3	4
_____	Having an agreed upon system for planning instruction	DK	1	2	3	4
_____	Having general educator work directly with children with disabilities	DK	1	2	3	4
_____	Having special educa.or coordinate therapies	DK	1	2	3	4

What practices promote families' acceptance of integrated programming?

Rank from 1 to 7, with 1 being the MOST IMPORTANT		Don't Know	Not Import	Occasionally	Often	Essential
_____	Helping parents understand the importance of play for all children	DK	1	2	3	4
_____	Working with parents of children with disabilities to ensure that IEP needs are met	DK	1	2	3	4
_____	Communicating regularly with parents by phone or note	DK	1	2	3	4
_____	Supporting specific needs of families of children with disabilities	DK	1	2	3	4
_____	Explaining confidentiality regulations	DK	1	2	3	4
_____	Communicating to parents the benefits of inclusion for all children	DK	1	2	3	4
_____	Being open and honest with parents about inclusion plans	DK	1	2	3	4

ORGANIZATION

What organizational factors promoted the successful integration of **children with disabilities?**

Rank from 1 to 7, with 1 being MOST IMPORTANT	Don't Know	Not Import	Occasionally	Often	Essential
_____ Having inclusion as part of the school mission or identity	DK	1	2	3	4
_____ Limiting other professional demands on staff (e.g. projects, committees)	DK	1	2	3	4
_____ Having administrators deal with administrative obstacles for teachers	DK	1	2	3	4
_____ Having preschool general and special education staff attend same staff meetings	DK	1	2	3	4
_____ Having an equal distribution of resources/materials between general and special education programs	DK	1	2	3	4
_____ Having programs follow the same calendars for teachers' inservice and student holidays	DK	1	2	3	4
_____ Being able to commingle regular and special education budgets to facilitate activities (e.g. snack and field trips)	DK	1	2	3	4

Rank from 1 to 7, with 1 being MOST IMPORTANT	Don't Know	Not Import	Occasionally	Often	Essential
_____ Having stability of team members throughout the year	DK	1	2	3	4
_____ Having team members work the same hours each day	DK	1	2	3	4
_____ Having flexibility to make staffing changes that are in the best interest of the children (e.g. child:staff ratios)	DK	1	2	3	4
_____ Having "receiving school" participate in the placement process	DK	1	2	3	4
_____ Having flexibility to make program changes that are best for children	DK	1	2	3	4
_____ Having all children arrive and leave at the same time	DK	1	2	3	4
_____ Having easy physical access between classes doing partial integration	DK	1	2	3	4

Rate from 1 to 4, with 1 being MOST IMPORTANT	Don't Know	Not Import	Occasionally	Often	Essential
_____ Having training and technical assistance to support integration	DK	1	2	3	4
_____ Having training that is built around teachers expressed needs	DK	1	2	3	4
_____ Promoting team interaction during training	DK	1	2	3	4
_____ Having time during workshops to plan as a team	DK	1	2	3	4

What is the importance of having the following individuals at training sessions?

Rank from 1 to 7, with 1 being MOST IMPORTANT		Don't Know	Not Import	Occasion ally	Often	Essen tial
_____	ECE Early childhood educator	DK	1	2	3	4
_____	ECSE Early childhood special educator	DK	1	2	3	4
_____	Paraprofessional/assistant teacher	DK	1	2	3	4
_____	Speech/language therapist	DK	1	2	3	4
_____	Occupational or physical therapist	DK	1	2	3	4
_____	Administrator	DK	1	2	3	4
_____	Parent	DK	1	2	3	4

VALUES AND BELIEFS

What are the values which promote inclusion **of children with disabilities?**

Rank from 1 to 8, with 1 being MOST IMPORTANT		Don't Know	Not Important	Occasion ally	Often	Essen tial
_____	Children with and without disabilities are more similar than different	DK	1	2	3	4
_____	All children should be given the opportunity to respond in their own way	DK	1	2	3	4
_____	Expectations should differ from child-to-child depending on their developmental level and learning style	DK	1	2	3	4
_____	Different children need different degrees of support to be successful in inclusive settings	DK	1	2	3	4
_____	All children benefit from their experiences in integrated classrooms	DK	1	2	3	4
_____	Professionals have skills and knowledge to contribute to one another	DK	1	2	3	4
_____	Inclusive programs are better able to prepare children with disabilities for future mainstream placements than self-contained placements	DK	1	2	3	4

Appendix D
Evaluation: Coping Inventory

Child's Name _____ Date Completed _____

Birth Date _____ Chronological Age _____

Observer _____ Relationship to Child _____

Place(s) of Observation _____

COPING INVENTORY

a measure of adaptive behavior

by Shirley Zeitlin, Ed.D.

Published by:
SCHOLASTIC TESTING SERVICE, INC.
Bensenville, Illinois 60106

Introduction

The Coping Inventory assesses the adaptive and maladaptive coping habits, skills, and behaviors that a child uses to manage the world.

Adaptive coping habits, skills, and behaviors help a child to be more effective in daily routines and in life's stress-causing situations (such as illness, death of someone close, natural disasters, the hurtful behavior of others, etc.). They enable a child to manage these situations in ways that help him or her to learn and grow rather than feel sad and helpless. Maladaptive coping habits, behaviors, and skills interfere with a child's ability to manage the world and may create more stress.

The Coping Inventory has two categories: Coping with Self and Coping with Environment. Coping with Self includes the behaviors a child uses to meet personal needs. Coping with Environment includes the behaviors a child uses to adapt to the demands and pressures of the world.

Each of these two categories has three dimensions that describe a child's coping style: Productive, Active, and Flexible. Productive behaviors use personal resources in ways that help a child reach the results he or she wants. Active behaviors start things moving and keep them going. Flexible behaviors use a variety and range of strategies, and include an ability to shift plans or to change ideas already held.

Complete the Coping Inventory by following the rating instructions below. Rate the child from your knowledge of that child over a period of time. If the child is not known or is less familiar, then he or she needs to be observed in a number of different situations before rating.

NOTE: Scoring Instructions are in the Coping Inventory Manual.

Instructions for Rating

Circle the number to the right of each item that most clearly describes how the child behaves. The word effective is used to mean that the child does the behavior described in the item in the best way possible. You give a rating of:

1 when the behavior is not effective. The child is either not able to do something or what he or she does does not work.

2 when the behavior is minimally effective. What the child does is not consistent, not appropriate, or is rigidly repetitious. The child sometimes does and sometimes does not behave effectively or appropriately in similar types of situations, or the child repeats the same type of behavior regardless of the situation.

3 when the behavior is effective in some types of situations but not in others. It varies with the situation.

4 when the behavior more often than not is effective or appropriate.

5 when the behavior is effective most of the time.

These guidelines are used to rate each item. When different information is needed to rate a specific item, it is included with that item. If you feel that the child's behavior falls between two points of the scale, make a choice by circling the number closest to it.

The X score is used when the behavior has not been observed. More than three X scores in the completed Coping Inventory indicates that either more observation of the child is needed or the child is too handicapped for effective use of this instrument.

Explanatory notes or comments can be written anywhere in the Coping Inventory.

Coping with Self:
Productive

1. Child, when presented with a new or difficult situation, finds a way of handling it.	X	1	2	3	4	5
2. Child responds to external control (for example, rules set by adults or peers). (1 = no response or response consistently maladaptive)	X	1	2	3	4	5
3. Child uses self-protecting behaviors to control the impact of the environment (for example, limits or fends off too much stimulation, withdraws before the situation gets out of hand, stops and rests before getting overtired).	X	1	2	3	4	5
4. Child compensates for things that he or she is unable to do because of physical, mental, or emotional problem(s). (Child uses strengths from other areas to help manage a situation or learning.)	X	1	2	3	4	5
5. Child applies what he or she has learned to new situations (both mental and emotional).	X	1	2	3	4	5
6. Child uses language to communicate needs (if prelanguage, uses sounds or behaviors).	X	1	2	3	4	5
7. Child generally demonstrates a happy feeling. (1 = unhappy; 3 = mood swings, varies with situation; 5 = happy)	X	1	2	3	4	5
8. Child does not frustrate easily. (1 = frustrates easily; 5 = high threshold for frustration)	X	1	2	3	4	5
9. Child has a healthy pleasure in being him- or herself (sense of self-worth and well-being reflected in pride and satisfaction with self).	X	1	2	3	4	5
10. Child is able to handle anxiety. (For example, when situation produces anxiety child does not act out or become unusually tense or withdrawn.)	X	1	2	3	4	5
11. Child demonstrates confidence in his or her ability to learn and do things.	X	1	2	3	4	5
12. Child uses mental abilities effectively. (For example, if child is a slow learner he or she functions effectively at own level; if child is of superior intelligence, he or she effectively uses that ability.)	X	1	2	3	4	5

A. Rating	X	1	2	3	4	5	
B. No. of times rating given							No. of scorable items
C. Score (A X B)							Raw Score

Coping with Self:
Active

1. Child tells or shows others when he or she is angry or in disagreement.	X	1	2	3	4	5
2. Child asks for help when needed (either from adults or peers).	X	1	2	3	4	5
3. Child initiates action to get needs met (makes needs known and/or does something to get them met).	X	1	2	3	4	5
4. Child stays with a task until it is completed.	X	1	2	3	4	5
5. Child reacts to sensory stimulation (responds to changes in the level or type of stimulation: auditory, touch, temperature, visual). (1 = does not react; 2 = inconsistent, may overreact or underreact; 3 = varies with sense and or situation; 5 = reacts effectively)	X	1	2	3	4	5
6. Child controls his or her impulses so they do not interfere with learning or social interaction. (1 = highly impulsive; 5 = effective impulse control)	X	1	2	3	4	5

A. Rating	X	1	2	3	4	5	
B. No. of times rating given							No. of scorable items
C. Score (A X B)							Raw Score

Coping with Self:
Flexible

1. Child can be creative and original (sees relationships in varied ways, expresses ideas in novel or fresh terms, seeks out and develops new ideas or ways of handling things).	X	1	2	3	4	5
2. Child balances independence with sufficient dependence to be able to get and use help. (1 = excessively dependent or independent; 5 = good balance)	X	1	2	3	4	5
3. Child can shift plans or change behavior to achieve a goal.	X	1	2	3	4	5
4. Child accepts substitutes when necessary (materials, ideas, activities, etc.).	X	1	2	3	4	5
5. Child can manage high stress situations (finds ways to reduce feelings of stress or finds solution to the stress-causing situation).	X	1	2	3	4	5
6. Child demonstrates independence and self-reliance (acts on his or her own without seeking directions or reassurance).	X	1	2	3	4	5

A. Rating	X	1	2	3	4	5	
B. No. of times rating given							No. of scorable items
C. Score (A X B)							Raw Score

Coping with Environment:
Productive

1. Child plays with other children (does not avoid them).	X	1	2	3	4	5
2. Child uses behavior appropriate to the situation.	X	1	2	3	4	5
3. Child knows what is expected and behaves accordingly.	X	1	2	3	4	5
4. Child understands and responds to directions without external help or support.	X	1	2	3	4	5
5. Child reacts (verbally or with an action) to details and/or events in the environment (objects. sounds, people, changes).	X	1	2	3	4	5
6. Child is curious (eager to find out about people, objects, situations).	X	1	2	3	4	5
7. Child is liked and accepted by other children.	X	1	2	3	4	5
8. Child doesn't discourage easily (for example, does not refuse to try something because of fear of failure, doesn't become moody or act out when unsuccessful, stays with a task long enough to work it through or appropriately give up).	X	1	2	3	4	5
9. Child is aware of feelings of others, including angry feelings (for example, asks about other children, comments and/or reacts appropriately to demonstrations of feelings). (1 = not aware; 3 = aware of positive or negative feelings but not both, or varies with situation; 5 = aware of range of feelings)	X	1	2	3	4	5
10. Child demonstrates a capacity for fun, zest, delight, and pleasure.	X	1	2	3	4	5
11. Child functions with minimal amount of external structure (is self directed, can create own routine or structure).	X	1	2	3	4	5
12. Child is aware of and reacts to cues and moods of other people (for example, facial expressions. voice tones).	X	1	2	3	4	5

A. Rating	X	1	2	3	4	5	
B. No. of times rating given							No. of scorable items
C. Score (A X B)							Raw Score

Coping with Environment:
Active

1. Child uses gross and fine motor skills competently (for example, is well coordinated, does things easily with hands). (1 = not competent; 3 = some skills used competently, not others, e.g., good gross motor, poor fine motor, or varies with situation; 5 = competent)	X	1	2	3	4	5
2. Child is stimulating to others (gets others started, enthused, involved).	X	1	2	3	4	5
3. Child actively involves self in situations.	X	1	2	3	4	5
4. Child has an activity level that is appropriate to the situation and is helpful in getting the task accomplished. (1 = hypoactive – too little activity, or hyperactive – too much activity; 5 = effective activity level)	X	1	2	3	4	5
5. Child has a positive orientation to life (expects that needs will be met, is optimistic, and sees the good side of things).	X	1	2	3	4	5
6. Child has an energy level that is forceful and vigorous. (1 = low energy, easily fatigued; 5 = effective energy level, good supply of energy)	X	1	2	3	4	5

A. Rating	X	1	2	3	4	5	
B. No. of times rating given							No. of scorable items
C. Score (A X B)							Raw Score

Coping with Environment:
Flexible

1. Child accepts warmth and support (for example, responds to affection and encouragement from others, likes to be held, kissed, praised).	X	1	2	3	4	5
2. Child gives warmth and support to others (for example, takes other child's side, demonstrates verbally or by gesture affection or encouragement).	X	1	2	3	4	5
3. Child tries new things or activities on own – shows excitement, interest, and/or pleasure when he or she discovers new objects, insights, or experiences.	X	1	2	3	4	5
4. Child bounces back after disappointment or defeat (tries again or becomes interested in something else rather than pouting, being moody, or acting out).	X	1	2	3	4	5
5. Child, when necessary, uses a range of strategies to achieve a goal or solve a problem.	X	1	2	3	4	5
6. Child, when necessary, accepts new ideas or reformulates ideas already held (is not rigid in thinking).	X	1	2	3	4	5

A. Rating	X	1	2	3	4	5	
B. No. of times rating given							No. of scorable items
C. Score (A X B)							Raw Score

Child's Name _____ Date _____

ADAPTIVE BEHAVIOR SUMMARY

Coping with Self

	Raw Score	Number Scorable Items	Converted Score
Productive	_____	_____	_____
Active	_____	_____	_____
Flexible	_____	_____	_____
		Total	_____

Self Score _____

Coping with Environment

	Raw Score	Number Scorable Items	Converted Score
Productive	_____	_____	_____
Active	_____	_____	_____
Flexible	_____	_____	_____
		Total	_____

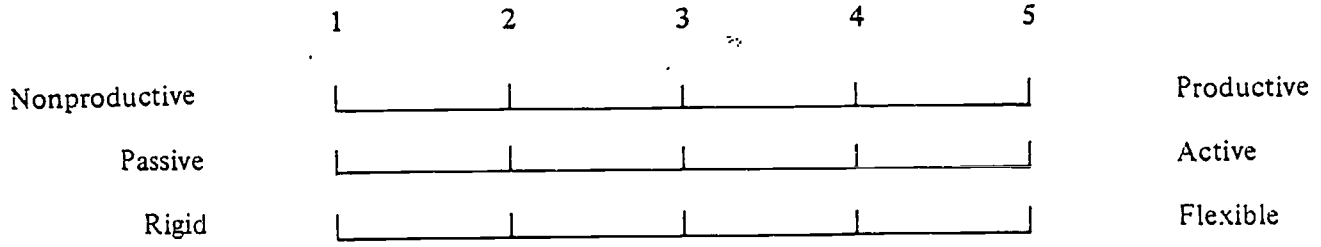
Environment Score _____

Self Score + Environment Score = _____

Adaptive Behavior Index _____

Key: Self _____ Env. - - - - - -

COPING PROFILE



Alexandria Coping Inventory Results

School Years 1992-1993 and 1993-1994 Combined

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES

Converted Score	Pretest	Posttest	Change	Significant*
Self-Productive	3.4	3.8	0.39	yes
Self-Active	3.8	3.9	0.12	no
Self-Flexible	3.2	3.6	0.41	yes
Self Score	**3.5**	**3.8**	**0.32**	yes
Environment-Productive	3.7	4.1	0.37	yes
Environment-Active	3.9	4.1	0.22	no
Environment-Flexible	3.6	3.8	0.22	no
Environment Score	**3.7**	**4.0**	**0.26**	yes
Adaptive Behavior Score	**3.6**	**3.9**	**0.28**	yes

DEMOGRAPHIC PROFILE

Characteristic		Percent	n
Gender			
	Male	76.9%	20
	Female	23.1%	6
Placement			
	3 Year Old Class	42.3%	11
	4 Year Old Class	57.7%	15
Subsidy Status			
	Non-Subsidy	46.2%	12
	Subsidy	53.8%	14
Center			
	Preschool	50.0%	13
		50.0%	13
School Year			
	1992-1993	50.0%	13
	1993-1994	50.0%	13

N = 26

* Statistical Significance (at the 0.05 level) determined using a paired t-test.

Alexandria Coping Inventory Results
1992-1993 School Year

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES

Converted Score	Pretest	Posttest	Change
Self-Productive	3.4	3.7	0.31
Self-Active	3.7	3.9	0.21
Self-Flexible	3.2	3.7	0.50
Self Score	**3.4**	**3.7**	**0.34**
Environment-Productive	3.7	4.1	0.43
Environment-Active	3.7	3.8	0.12
Environment-Flexible	3.6	3.8	0.23
Environment Score	**3.7**	**3.9**	**0.24**
Adaptive Behavior Score	**3.6**	**3.8**	**0.28**

DEMOGRAPHIC PROFILE

Characteristic	Percent	n
Gender		
Male	84.6%	11
Female	15.4%	2
Placement		
3 Year Old Class	53.8%	7
4 Year Old Class	46.2%	6
Subsidy Status		
Non-Subsidy	46.2%	6
Subsidy	53.8%	7
Center		
Preschool	38.5%	5
Daycare	61.5%	8

N = 13

Alexandria Coping Inventory Results
1993-1994 School Year

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES

Converted Score	Pretest	Posttest	Change
Self-Productive	3.3	3.8	0.48
Self-Active	3.9	3.9	0.03
Self-Flexible	3.2	3.6	0.32
Self Score	**3.5**	**3.8**	**0.31**
Environment-Productive	3.7	4.1	0.31
Environment-Active	4.1	4.4	0.32
Environment-Flexible	3.5	3.7	0.20
Environment Score	**3.8**	**4.1**	**0.27**
Adaptive Behavior Score	**3.7**	**3.9**	**0.27**

DEMOGRAPHIC PROFILE

Characteristic		Percent	n
Gender			
	Male	69.2%	9
	Female	30.8%	4
Placement			
	3 Year Old Class	30.8%	4
	4 Year Old Class	69.2%	9
Subsidy Status			
	Non-Subsidy	46.2%	6
	Subsidy	53.8%	7
Center			
	Preschool	61.5%	8
	Daycare	38.5%	5

N = 13

Fairfax Coping Inventory Results

Program-wide

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES

Converted Score	Pretest	Posttest	Change	Significant*
Self-Productive	3.5	3.7	0.18	yes
Self-Active	3.5	3.7	0.18	yes
Self-Flexible	3.3	3.4	0.16	no
Self Score	**3.4**	**3.6**	**0.17**	yes
Environment-Productive	3.6	3.8	0.21	yes
Environment-Active	3.5	3.7	0.22	yes
Environment-Flexible	3.4	3.7	0.20	yes
Environment Score	**3.5**	**3.7**	**0.21**	yes
Adaptive Behavior Score	**3.5**	**3.7**	**0.19**	yes

DEMOGRAPHIC PROFILE

Characteristic		Percent	n
Age			
	2 Year Olds	1.3%	1
	3 Year Olds	25.3%	19
	4 Year Olds	61.3%	46
	5 Year Olds	12.0%	9
Program			
	FECEP	28.9%	22
	Preschool Special Educ.	71.1%	54
Expected Performance			
	High	53.9%	41
	Low	46.1%	35

N = 76

* Statistical significance (at the 0.05 level) determined using a paired t-test.

Fairfax Coping Inventory Results
FECEP

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES

Converted Score	Pretest	Posttest	Change	Significant*
Self-Productive	3.8	4.2	0.46	yes
Self-Active	3.7	4.2	0.49	yes
Self-Flexible	3.6	4.1	0.50	yes
Self Score	**3.7**	**4.2**	**0.47**	yes
Environment-Productive	3.9	4.4	0.50	yes
Environment-Active	3.9	4.3	0.44	yes
Environment-Flexible	3.7	4.2	0.43	yes
Environment Score	**3.8**	**4.3**	**0.46**	yes
Adaptive Behavior Score	**3.8**	**4.3**	**0.46**	yes

DEMOGRAPHIC PROFILE

Characteristic		Percent	n
Age			
	3 Year Olds	13.6%	3
	4 Year Olds	77.3%	17
	5 Year Olds	9.1%	2
Expected Performance			
	High	68.2%	15
	Low	31.8%	7

N = 22

* Statistical Significance (at the 0.05 level) determined using a paired t-test.

Fairfax Coping Inventory Results

Preschool Special Education Programs

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES

Converted Score	Pretest	Posttest	Change	Significant*
Self-Productive	3.4	3.4	0.07	no
Self-Active	3.4	3.5	0.05	no
Self-Flexible	3.1	3.1	0.02	no
Self Score	**3.3**	**3.4**	**0.05**	no
Environment-Productive	3.4	3.5	0.09	no
Environment-Active	3.4	3.5	0.13	no
Environment-Flexible	3.4	3.5	0.11	no
Environment Score	**3.4**	**3.5**	**0.11**	no
Adaptive Behavior Score	**3.4**	**3.4**	**0.08**	no

DEMOGRAPHIC PROFILE

Characteristic			
Age			
	2 Year Olds	1.9%	1
	3 Year Olds	30.2%	16
	4 Year Olds	54.7%	29
	5 Year Olds	13.2%	7
Expected Performance			
	High	48.1%	26
	Low	51.9%	28

N = 54

* Statistical Significance (at the 0.05 level) determined using a paired t-test.

Fairfax Coping Inventory Results

Preschool Special Education Programs: High Expected Performance

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES

Converted Score	Pretest	Posttest	Change
Self-Productive	4.0	3.9	-0.06
Self-Active	4.1	4.0	-0.12
Self-Flexible	4.0	3.8	-0.17
Self Score	**4.0**	**3.9**	**-0.11**
Environment-Productive	4.1	4.1	-0.03
Environment-Active	4.2	4.1	-0.15
Environment-Flexible	4.0	3.9	-0.08
Environment Score	**4.1**	**4.0**	**-0.09**
Adaptive Behavior Score	**4.1**	**4.0**	**-0.10**

DEMOGRAPHIC PROFILE

Characteristic		Percent	n
Age			
	2 Year Olds	3.8%	1
	3 Year Olds	15.4%	4
	4 Year Olds	65.4%	17
	5 Year Olds	15.4%	4

N = 26

Fairfax Coping Inventory Results

FECEP: High Expected Performance

COPING INVENTORY: a Measure of Adaptive Behavior--MEAN SCORES

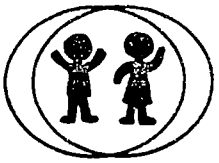
Converted Score	Pretest	Posttest	Change
Self-Productive	4.4	4.6	0.25
Self-Active	4.2	4.6	0.43
Self-Flexible	4.3	4.6	0.31
Self Score	**4.3**	**4.6**	**0.31**
Environment-Productive	4.5	4.8	0.32
Environment-Active	4.4	4.7	0.26
Environment-Flexible	4.3	4.5	0.23
Environment Score	**4.4**	**4.6**	**0.26**
Adaptive Behavior Score	**4.3**	**4.6**	**0.29**

DEMOGRAPHIC PROFILE

Characteristic		Percent	n
Age			
	3 Year Olds	13.3%	2
	4 Year Olds	80.0%	12
	5 Year Olds	6.7%	1

N = 15

Appendix E
E.C. Mainstreaming Survey



The Community Integration Project

October, 1993

Dear Parents,

This year Beverley Hills Church Preschool is participating in the Community Integration Project, a federally funded project designed to increase opportunities for children with developmental delays to attend community early childhood programs. As part of the evaluation process, the project is investigating what you as parents perceive to be the benefits and concerns about including children with developmental delays in your preschool.

Please help by taking 10 minutes to complete the attached Early Childhood Mainstreaming Survey. You will be asked to complete the survey again in the Spring allowing us to compare anticipated outcomes with actual outcomes.

Please return the survey to your child's teacher by Monday, October 25th.

Your support is greatly appreciated. Be sure to call if you have any questions about the Community Integration Project or this survey.

Sincerely,

Penny Wald, Project Director
(703) 836-0723

Attachment: Early Childhood Mainstreaming Survey

The George Washington University, School of Education and Human Development
Department of Teacher Preparation and Special Education, The Early Intervention Programs
2201 G Street, NW, Washington, DC 20052
703/836-0723, 202/994-2795

The Community Integration Project
The George Washington University

Early Childhood Mainstreaming Survey

This survey asks your feelings about the benefits and concerns of mainstreaming. In this survey mainstreaming means including children with delays in programs which serve normally developing children. The survey will take about 10 minutes to complete.

POSSIBLE BENEFITS OF MAINSTREAMING

The following statements are possible benefits of mainstreaming. Read each statement. Circle the number which most closely reflects your feelings.

1 = Not a Benefit 2 = Not Sure 3 = A Benefit

	Not a Benefit	Not Sure	A Benefit
__ 1. Mainstreaming helps prepare children with delays for the real world.	1	2	3
__ 2. Children with delays learn more in mainstreamed programs because of the other children.	1	2	3
__ 3. Mainstreaming makes children with delays feel better about themselves.	1	2	3
__ 4. Mainstreaming helps normally developing children learn about and accept ways people are different.	1	2	3
__ 5. Mainstreaming helps families of children with delays learn more about normal child development.	1	2	3
__ 6. Mainstreaming helps families of children with delays meet families with normally developing children.	1	2	3
__ 7. Mainstreaming helps families of normally developing children better understand children with special needs.	1	2	3
__ 8. Mainstreaming helps communities accept children with delays.	1	2	3

Please put a * (star) by the statement on this page which represents the greatest benefit to mainstreaming.

POSSIBLE CONCERNS ABOUT MAINSTREAMING

The following statements are possible concerns about mainstreaming. Read each statement. Circle the number which most closely reflects your feelings.

1 = Not a Concern 2 = Not sure 3 = A Concern

	Not a Concern	Not Sure	A Concern
__ 1. Children with delays in mainstreamed settings are less likely to receive enough special help from their teacher.	1	2	3
__ 2. Children with delays in mainstreamed settings are less likely to receive enough special services, like speech or physical therapy.	1	2	3
__ 3. Children with delays will take up too much of the teacher's time and the other children will not receive enough attention.	1	2	3
__ 4. Children with delays are more likely to be left out by the other children.	1	2	3
__ 5. Normally developing children may learn negative behavior from children with delays.	1	2	3
__ 6. Teachers in mainstreamed programs may not be trained to deal with the needs of children with delays.	1	2	3
__ 7. Families of children with delays may feel left out by the other families.	1	2	3
__ 8. Families of children with delays may feel that the other families do not understand their concerns.	1	2	3
__ 9. In mainstreamed settings, families of children with delays are more often upset by the differences between their child and normally developing children.	1	2	3
__ 10. In mainstreamed settings, families of normally developing children feel uncomfortable being around children with delays and their families.	1	2	3

Please put a * (star) by the statement on this page which represents the greatest concern about mainstreaming.

GENERAL INFORMATION

Age of Child in this program: 2 3 4 5 Sex of Child: M F

Ethnicity: Caucasian (white) Native American Asian African American Hispanic

Does your child have a developmental delay? Yes No

If yes, does your child have a Special Education Individual Education Plan (IEP)? Yes No

THANK YOU FOR COMPLETING THIS SURVEY. PLEASE RETURN TO YOUR CHILD'S TEACHER BY **December 11, 1992.**

Adopted from: Bailey, Donald B. Jr. and Winton, Pamela J. "Stability and Change in Parents' Expectations about Mainstreaming," Topics in Early Childhood Education, (Spring, 1987) pp. 73-87.

STABILITY AND CHANGE IN PARENTS' EXPECTATIONS OF MAINSTREAMING OF PRESCHOOLERS

Alexandria City Public Schools and Community Early Childhood Programs: 1992-94

The Community Integration Project's evaluation component examines two questions relating to parent attitudes towards educating children with and without disabilities together in early childhood programs.[1] First, to what extent did parents perceive inclusive programming as a benefit or a drawback? And secondly, how did parents' expectations about inclusion change during the course of a year's experience?

SUBJECTS

The subject pool for the present study included parents of children with and without disabilities enrolled in five community preschool and childcare programs in the city of Alexandria. Although these programs may have enrolled children with disabilities in the past, none had the explicit policy of inclusion prior to this study. Children in these programs ranged in age from two to five.

A total of 141 families of children with and without disabilities responded to the first survey and 82 responded to the second survey. The number of families responding to the surveys does not represent the total number of families participating in the inclusion project. Detailed demographics of parents who responded can be found in Exhibit 1 and 2.

Exhibit 1
Demographics of Alexandria Survey Respondents/Children with Disabilities

ALEXANDRIA	Pre-inclusion Respondents		Post-inclusion Respondents	
Total	n=12		n=10	
Ethnicity *(Total)*	*(n=12)*		*(n=10)*	
Caucasian	9	75%	4	40%
African American	2	17%	3	30%
Asian	1	8%	2	20%
Native American	0	-	0	-
Hispanic	0	-	1	10%
Gender *(Total)*	*(n=12)*		*(n=10)*	
Male	10	83%	9	90%
Female	2	17%	1	10%

[1]For the purposes of this report, "educating children with and without disabilities together" will be referred to by the term "inclusion".

Exhibit 2
Demographics of Alexandria Survey Respondents/Normally-Developing Children

ALEXANDRIA	Pre-inclusion Respondents		Post-inclusion Respondents	
Total	n=129		n=72	
Ethnicity *(Total)*	*(n=126)*		*(n=68)*	
Caucasian	98	78%	54	79%
African-American	19	15%	5	7%
Asian	4	3%	3	4%
Native American	3	2%	0	-
Hispanic	2	2%	6	9%
Gender *(Total)*	*(n=121)*		*(n=65)*	
Male	55	56%	32	49%
Female	66	54%	33	51%

INSTRUMENTATION

The **Early Childhood Mainstreaming Survey**[2] an adapted version of a survey designed by Bailey and Winton, was used to collect data for this survey. In this study, the survey was shortened from 28 to 18 statements and the language was simplified to a third grade reading level.

The survey, shown in Exhibit 3, consists of eight statements of potential benefits of inclusion and ten statements of possible concerns about inclusion. Parents were asked to rate statements as 1 = Not a Benefit or Not a Concern, 2 = Not Sure, 3 = A Benefit or A Concern. Then parents were asked to select from the series of statements the "greatest benefit" and "the greatest concern" about mainstreaming.

Tabulation of the surveys indicates the percentage of respondents' agreement or disagreement with the survey statements. Having families respond to the survey before and after participation in an inclusive program assesses the extent to which parents' expectations about the benefits and drawbacks of inclusion are changed by their experience.

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[2]cf. Bailey, D.P. and P.J. Winton (1989) *Stability and Change in Parents' Expectations about Mainstreaming.* Topics in Early Childhood Special Education 7(1), 73-88

Exhibit 3
Early Childhood Mainstreaming Survey

The Community Integration Project
The George Washington University
Early Childhood Mainstreaming Survey

This survey asks your feelings about the benefits and concerns of mainstreaming. In this survey mainstreaming means including children with delays in programs which serve normally developing children. The survey will take about 10 minutes to complete.

POSSIBLE BENEFITS OF MAINSTREAMING
The following statements are possible benefits of mainstreaming. Read each statement. Circle the number which most closely reflects your feelings.

1= Not a benefit 2 = Not Sure 3 = Benefit

	Not a benefit	Not Sure	A Benefit
__ 1. Mainstreaming helps prepare children with delays for the real world.	1	2	3
__ 2. Children with delays learn more in mainstreamed programs because of the other children.	1	2	3
__ 3. Mainstreaming makes children with delays feel better about themselves.	1	2	3
__ 4. Mainstreaming helps normally developing children learn about and accept ways people are different.	1	2	3
__ 5. Mainstreaming helps families of children with delays learn more about normal children development.	1	2	3
__ 6. Mainstreaming helps families of children with delays meet families with normally developing children.	1	2	3
__ 7. Mainstreaming helps families of normally developing children better understand children with special needs.	1	2	3
__ 8. Mainstreaming helps communities accept children with delays.	1	2	3

Please put a * (star) by the statement on this page which represents the greatest benefit to mainstreaming.

GENERAL INFORMATION

Age of Child in this program: 2 3 4 5 Sex of Child: M F

Ethnicity: Caucasian (white) Native American Asian African American Hispanic

Does your child have a developmental delay? Yes No

If yes, does your child have an Individual Education Plan (IEP)? Yes No

POSSIBLE CONCERNS ABOUT MAINSTREAMING
The following statements are possible concerns about mainstreaming. Read each statement. Circle the number which most closely reflects your feelings.

1 = Not a Concern 2 = Not Sure 3 = A Concern

	Not a concern	Not Sure	A Concern
__ 1. Children with delays in mainstreamed settings are less likely to receive enough special help from their teacher.	1	2	3
__ 2. Children with delays in mainstreamed settings are less likely to receive enough special services, like speech or physical therapy.	1	2	3
__ 3. Children with delays will take up too much of the teacher's time and the other children will not receive enough attention.	1	2	3
__ 4. Children with delays are more likely to be left out by the other children.	1	2	3
__ 5. The normally developing children may learn negative behavior from the children with delays.	1	2	3
__ 6. Teachers in mainstreamed programs may not be trained to deal with the needs of children with delays.	1	2	3
__ 7. Families of children with delays may feel left out by the other families.	1	2	3
__ 8. Families of children with delays may feel that the other families do not understand their concerns.	1	2	3
__ 9. In mainstreamed settings, families of children with delays are more often upset by the differences between their child and normally developing children.	1	2	3
__ 10. In mainstreamed settings, families of normally developing children feel uncomfortable being around children with delays and their families.	1	2	3

Please put a * (star) by the statement on this page which represents the greatest drawback to mainstreaming.

PROCEDURES

Parents in Alexandria including the parents of children with and without disabilities were asked on two occasions to complete the **Early Childhood Mainstreaming Survey**: once at the onset of inclusion, approximately one month after school began in the fall, and again in the late spring after eight months of inclusion. In order to protect families' anonymity, respondents were not asked to identify themselves nor were the surveys coded in any way.

RESULTS

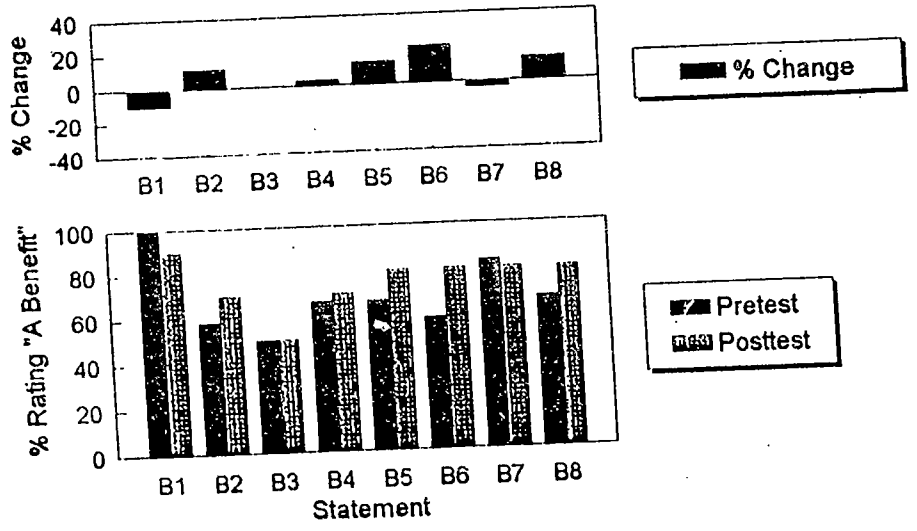
Parent perceptions of benefits

A detailed view of parents' survey responses may be seen in Exhibits 4 and 5. Parents of children with disabilities gave their highest rating both before and after their experience of inclusion to statement B1 "Mainstreaming helps prepare children with delays for the real world." Parents of normally-developing children gave a high rating in both pre- and post-test to B4 "Mainstreaming helps normally developing children learn about and accept ways people are different" and both groups of parents gave similar high ratings pre- and post-test to B7 " Mainstreaming helps families of normally developing children better understand children with special needs." Statements B1 and B4 were also chosen as the "greatest benefit" of mainstreaming on pre- and post-test measures.

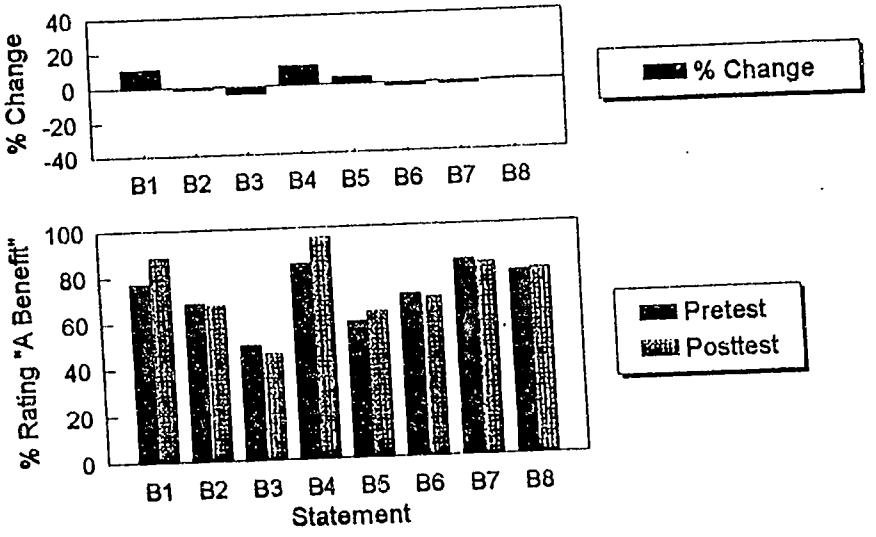
There were overall increases in the ratings of benefits by both groups of parents on the post-test. Families of children with disabilities increased their rating, by 22 percentage points, of statement B6 "Mainstreaming helps families of children with delays meet families of normally developing children." Although their rating of statement B1 decreased by 10 percentage points, the ranking of that statement remained higher than any other positive statement. Families of normally developing children increased their ratings, by 11 percentage points, of statements B1 and B4, which were already among the more highly rated statements.

We note that statement B3 "Mainstreaming helps children with delays feel better about themselves" drew the lowest rating as a possible benefit of inclusion by both groups of parents. Furthermore this rating stayed consistent in the pre- and post-test.

Alexandria Families: Benefits of Mainstreaming

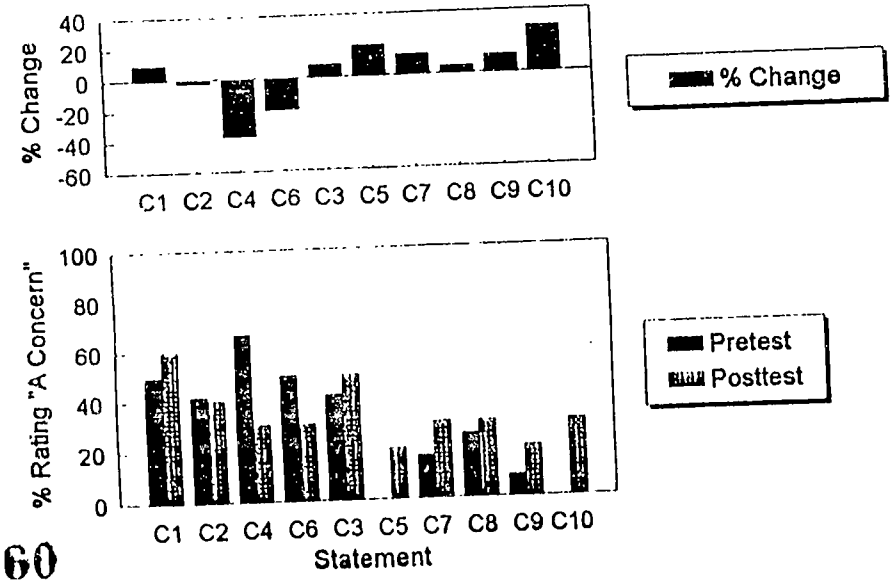


Pretest and Posttest Ratings by Families of C/D



Pretest and Posttest Ratings by Families of C/N

Alexandria Families: Concerns about Mainstreaming



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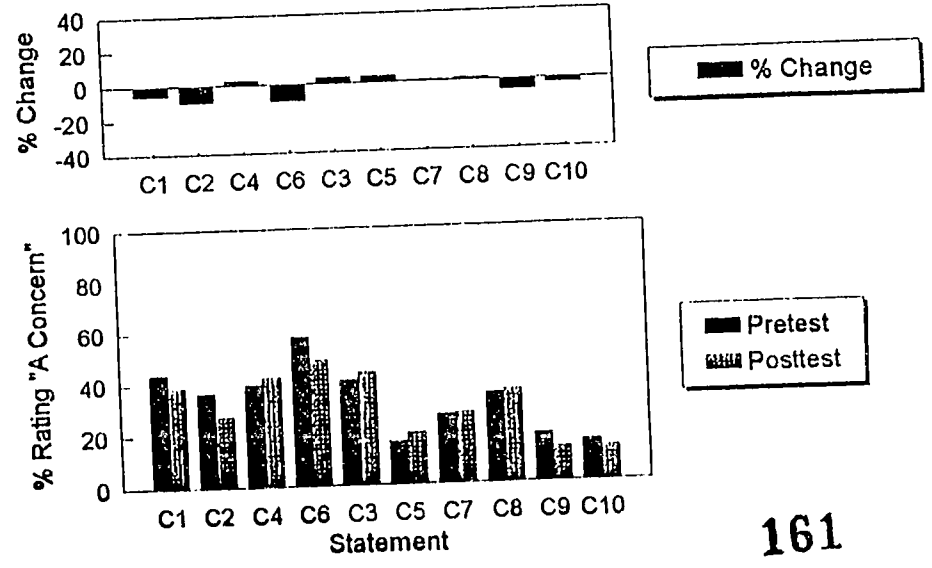

Pretest and Posttest Ratings by Families of C/N

Parent perceptions of drawbacks

At the onset of inclusion, parents of children with disabilities rated statement C4 "Children with delays are more likely to be left out by the other children" higher than any other concern. There was also a greater degree of concern for statements C1 "Children with delays in mainstreamed settings are less likely to receive enough special help from their teacher" and C6 "Teachers in mainstreamed programs may not be trained to deal with the needs of children with delays". Similarly, parents of normally developing children reported a greater level of concern for statements C1 and C6. Statement C6 was chosen as the "greatest concern" about mainstreaming by both groups of parents on pre- and post-test measures.

Data from parents of children with disabilities showed a change of over 10 percentage points for six of the ten statements. Both statements C4 and C6 which had been among the highest rated drawbacks prior to inclusion showed a decrease of 36.7 and 20 percentage points on the post-test; while four other statements (C5, C7, C9, C10) showed an increase of more than 10 percentage points in the level of concern. The concerns of the parents of normally developing children remained fairly stable over time, exhibiting a variance of less than 10 percentage points on all statements.

DISCUSSION

Several factors limit the interpretation of this data. First, completed surveys were anonymous. We cannot tell whether families responding to the pre-test were the same families as responded to the post-test. Secondly, the small number of surveys completed by families of children with disabilities means that a change in the rating of a statement by one respondent significantly altered the result: a change in rating by one of these respondents equals 8.3% of the total in the pre-test (n=12) and 10% of the total in the post-test (n=10). This being said, we will discuss the data as showing general outlooks and trends in parent perceptions about inclusion.

The results suggest that from the perspective of parents, inclusion seems to working well for children and families. Exhibit 6 shows parents' pre- and post-test composite ratings of statements of benefits and concerns about inclusion[3]. Parents of children with and without disabilities rated the benefits of inclusion as outweighing their concerns by a ratio of better than two to one. Although their ratings of specific statements differed, parent of children with and without delays were in close agreement overall.

[3] The composite ratings of benefits and concerns in this Exhibit 6 and 8 were calculated by averaging the sum of the ratings in each category.

Exhibit 6
Mean Pre- and Post-Test Ratings of Benefits and Concerns

	Percent rating item "A Benefit"			Percent Rating Item "A Concern"		
	Benefit Statement	Pre-Inclusion	Post-Inclusion	Concern Statement	Pre-Inclusion	Post-Inclusion
Families Children with Disabilities	B1 - B8	68%	70%	C1 - C10	35%	40%
Families Normally Developing Children	B1 - B8	77%	81%	C1 - C10	45%	38%
Average Family Groups		73%	76%		40%	39%

Although the data might be discussed statement by statement, project staff chose to group or "chunk" the statements to offer more meaningful analysis. Upon examination, statements of benefits and concerns appeared to fall into four categories: (1) social-emotional issues for children, (2) instructional issues for children, (3) social-emotional issues for families, and (4) instructional issues for families. Exhibit 7 indicates the statements associated with each category.

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Exhibit 7
Statements Grouped as Social-Emotional or Instructional Benefits and Concerns

Benefits	Concerns
Social-Emotional Issues for Children	
B1 Mainstreaming helps prepare children with delays for the real world. B3 Mainstreaming makes children with delays feel better about themselves. B4 Mainstreaming helps normally developing children learn about and accept ways people are different.	C4 Children with delays are more likely to be left out by the other children. C5 Normally developing children may learn negative behavior from children with delays.
Instructional Issues for Children	
B2 Children with delays learn more in mainstreamed programs because of the other children.	C1 Children with delays in mainstreamed settings are less likely to receive enough special help from their teacher. C2 Children with delays in mainstreamed setting are less likely to receive enough special services, like speech or physical therapy. C3 Children with delays will take up too much of the teacher's time and the other children will not receive enough attention. C6 Teachers in mainstreamed programs may not be trained to deal with the needs of children with delays.
Social-Emotional Issues for Families	
B6 Mainstreaming helps families of children with delays meet families with normally developing children. B8 Mainstreaming helps communities accept children with special needs.	C7 Families of children with delays may feel left out by the other families. C8 Families of children with delays may feel that the other families do not understand their concerns. C9 In mainstreamed settings, families of children with delays are more often upset by the differences between their child and normally developing children. C10 In mainstreamed settings, families of normally developing children feel uncomfortable being around children with delays and their families.
Instructional Issues for Families	
B5 Mainstreaming helps families of children with delays learn more about normal child development. B7 Mainstreaming helps families of normally developing children better understand children with special needs.	No concerns in this category

When examining the data using this conceptual framework (Exhibit 8), patterns similar to those found in the overall data (Exhibit 6) appear, e.g. the benefits of inclusion outweigh the concerns in most cases by a ratio of greater than 2:1. An exception is found in the category of instructional issues where the ratio of benefit-to-concern decreases to 3:2. Statements about instructional issues include concern about the adequacy of special help for children with delays from the classroom teacher and related service providers (C1 and C2). There is also concern that the classroom teacher will not have enough time to meet the needs of all the children and that teachers may not be trained to deal with the needs of children with delays (C3 and C6).

Exhibit 8
Composite Pre- and Post-Test Ratings by Category

PERCENT RATING STATEMENTS A BENEFIT			PERCENT RATING STATEMENTS A CONCERN		
Statements	Pre-Inclusion	Post-Inclusion	Statements	Pre-Inclusion	Post-Inclusion
(1) Social-Emotional Issues for Children					
B1, B3, B4	76%	79%	C4, C5	39%	33%
(2) Instructional Issues for Children					
B2	68%	68%	C1, C2, C3, C6	47%	47%
(3) Social-Emotional Issues for Families					
B6, B8	70%	76%	C7, C8, C9, C10	34%	35%
(4) Instructional Issues for Families					
B5, B7	72%	74%	no statements apply	-	-

RECOMMENDATIONS

The data suggest two findings. First, parents seem to feel inclusion is beneficial to children and families, regardless of their risk status in Fairfax County Public Schools. Secondly, more attention must be paid to instructional issues in order to assure the success of inclusion efforts. The following are recommendations for addressing these issues.

- The concerns expressed by parents should be addressed. Concern that "Teachers in mainstreamed settings may not be trained to deal with the needs of children with delays" should be allayed by an ongoing teacher training program with the focus on meeting the needs of all children with disabilities in inclusive programs.

- Besides being addressed by training, concerns that "Children with delays are less likely to receive enough special help from their teacher" may be reduced by including both the regular and special education teachers in development of the Individual Educational Plan. When expectations and concerns of the parent, PSSE teacher and FECEP teacher are clear to all parties, anxiety can be diminished and attention can be redirected to agreed-upon outcomes.

- Parental concern that "Children with delays will take up too much of the teacher's time and other children will not receive enough attention" may be assuaged by clear communication of the goals and recommended practices of early childhood education to the parents. If the agreed-upon model is not a teacher-centered, instruction-oriented model, but rather a teacher-facilitated, child-centered experiential model, then issues of teacher time may be seen in a different perspective.

Appendix F
Satisfaction of Parents of Children with Disabilities

Alexandria, Virginia
1992-94

Satisfaction Survey for Parents of Children with Disabilities

1. a. **What do you see as your child's greatest need(s)?**

Needs	Number of Responses
Speech and language	16
Interact effectively with other children	4
Pre-academic skills	3
Fine motor skills	1
Grow and develop at own pace	1
Full-day program	1

b. **Is your child's preschool or daycare meeting these need(s)?**

Yes = 25 No = 0

c. **What makes you feel this way?**

- Child is around children his own age to work and play with.
- Child does well in school, she loves her class, we understand her much better.
- Child loves school.
- Child has shown progress.
- Child's speech has improved greatly. I can understand him a lot more.
- Child is relaxed, he relates well to his teachers.
- Child is more social, has expanded vocabulary, shows more interest in books.
- Child is talking more at home, making more sounds, trying to say more words.
- First half of year child's needs were not being met and child was miserable. New teacher second half of year made a big difference in every conceivable way.
- Information shared about the child's progress through notes from the teacher to the parent.

- Child is happy when returning home from school.
- Stimulation and interaction with peers facilitates language development.
- Child feels close to teacher.
- CIP and the staff of the Special Education Department of ACPS.
- Child has developed so much since being in program. Child's speech is more understandable.
- Program provides a flexible environment where child is encouraged and individual strengths are highlighted.

2. **In what areas do you feel your child has developed most in the past year?**

Areas	No. of Responses	% of Total (n=27)
Talking	24	89%
Playing with other children	18	67%
Enjoying school	18	67%
Cooperating with other children	14	52%
Speaking so s/he is understood	14	52%
Engaging in physical activities	13	48%
Making friends	13	48%
Being curious	12	44%
Playing along	8	30%
Other	1	4%

3. a. **How does your child feel about this preschool or daycare?**

Feeling	No. of Responses
"loves it"	15
"likes it"	5
"enjoys it"	3
"happy"	2
"mostly likes it"	2

b. **Please give a few examples of how you know this**

- Days when there is no school, he cries.
- Asks for his teacher at home.
- Says every morning "I want to go to school"
- Talks about school at home.
- Expresses excitement about going to school.
- Proudly shows "projects" from school.
- Sometimes would rather stay home in the mornings.
- Talks about playing with friends.

4. **Has your child's participation in the preschool or daycare program created any surprises, either negative or positive?**

- Child has improved ability to communicate with and understand others.
- Child is writing own name, recognizing letters and numbers, and trying to read.
- Child blends in with peers surprisingly well.
- Child's creativity is surprising.
- The teacher sends home all the things he makes.
- Rapid progress.
- Learned so quickly.
- Shares things at home with his brother.
- She has become more sociable and independent with friendships.
- Goes to local playground and now uses all playground equipment.
- Surprised at first teacher's lack of understanding about child's needs.

5. **What do you feel about the following?**

BUS TRANSPORTATION

Positive response 22 Negative response 2

Comments

- Good idea. It helps working mothers.
- She loves the bus.
- No problems.
- He wouldn't have any other way of getting there, I don't have a car.
- We are happy with it--mostly on time and practical for us.
- Very good. I hope it will be available next year.
- Sometimes it was early, sometimes it was late, sometimes it didn't come.
- We loved it!
- Don't know what we'd do without it.

RELATED SERVICES

Positive response 19 Negative response 1

Comments

- It helped a lot.
- They really changed him.
- Speech therapy has been a positive experience.
- Very good.
- We are delighted.
- Disappointed that it took so long for services to begin.

COMMUNICATION WITH TEACHER

Positive response 25 Negative response 0

Comments

- If there is something I need to know, she will call me.
- She is very understanding.
- Great!
- Keeps me up to date and well informed on my son's progress.
- Would like to meet/conference with.

YOUR CHILD'S EDUCATIONAL PROGRAM

Positive response 22 Negative response 1

Comments

- It is a big help.
- It is the best thing to happen to our family.
- Very appropriate to our child's needs.
- Successful.
- My child developed in many ways.
- Beneficial.
- Good, much learning is taking place.
- Needs more funds.
- Hated the first half of the year, loved the second half of the year!
- Very specific, on target, and achievable.
- We believe CIP meets a real need of our child and other children with developmental delays.

6. **What suggestions do you have to improve the way children with developmental deiays are included in this program?**

Comments

- The program needs to be a longer day.
- It's great the way it is.
- Make sure the teachers are receptive to have mainstreamed children in their regular education classroom.
- Just keep on doing the important things your doing.
- Keep doing what you're doing. We are very pleased with the program and feel very fortunate that our son could be a participant.
- Providing opportunities for parents to get together once or twice a year to discuss their children's participation in the program with each other and staff.
- I'm completely satisfied and very supportive.

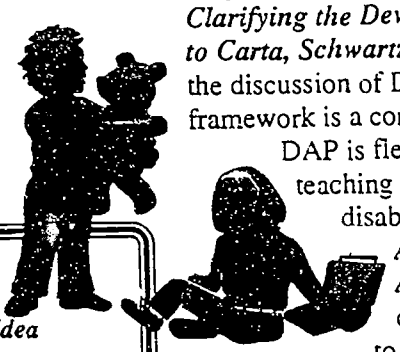
Appendix G
Inclusion Forum Newsletter

Inclusion Forum
CIP/George Washington University Information Line
Spring/Summer 1993
Vol. 1, No. 1

SPOTLIGHT ON INSTRUCTIONAL STRATEGIES

DAP's Usefulness in Inclusive Settings: A Review

The current efforts of educators to develop models for inclusive preschool classrooms has added fuel to the lively debate concerning Developmentally Appropriate Practice (DAP). The question that continually surfaces is whether or not instructional practices associated with developmentally appropriate programs are effective in educating young children with disabilities. Of the many articles written on this topic, some serve to remind us of the original purpose of DAP, and in doing so respond to this question. In *Redeveloping Early Education: A Response to Kessler*, Bredekamp (1991) argues that NAEYC's goal in developing a written position was to "define the concept of developmentally appropriate." Developmentally appropriate practice was not intended to replace but to join with other indicators of quality education. Johnson and Johnson (1992) in *Clarifying the Developmental Perspective in Response to Carta, Schwartz, Atwater, and McConnell* continue the discussion of DAP's role. Implicit in DAP's framework is a continuum of instructional practices. DAP is flexible enough to accommodate many teaching strategies effective for children with disabilities. Kostelnik (1992) in *Myths Associated with Developmentally Appropriate Programs* examines some of the erroneous interpretations applied to DAP. She argues that one reason myths surround DAP may be that people are attempting to "make finite and absolute a concept that is in fact open-ended and amenable to many variations." The author cautions us not to treat DAP as a specific technology. In the words of Johnson and Johnson (1992), DAP is a "living document."



All three articles suggest that DAP is to be enhanced with complimentary knowledge and practice from related disciplines. As inclusive pre-school models are implemented and evaluated, involved professionals will be able to more accurately answer questions regarding the effectiveness of DAP in educating young children with disabilities. For the present, we must consider that inclusive programs enroll students who are first and foremost children regardless of their risk status. Merging DAP with other standards of education excellence when developing inclusive models insures that the developmental as well as educational needs of these children are addressed.

—Marie Abraham
Community Integration Project

Bredekamp, S. (1991). Redeveloping early childhood education: A Response to Kessler. *Early Childhood Research Quarterly*, 6, 199-209

Johnson, J.L. and Johnson, K.M. (1992). Clarifying the developmental perspective in response to Carta, Schwartz, Atwater, and McConnell. *Topics in Early Childhood Special Education*, 12(4), 439-457

Kostelnik, M. (1992). Myths associated with developmentally appropriate programs. *Young Children*, 47(4), 17-23

From the Director . . .

Nothing is more dangerous than an idea when it is the only one you have . . .
Emile Chartier, a French Philosopher

Inclusion—what is it? How do you do it? Am I doing it right? These are questions the staff of the Community Integration Project are often asked. Anxious eyes of teachers participating in our training reflect a desire to know the True Way to Inclusion. In our work as a federally funded outreach project designed to increase opportunities for young children with disabilities to be included in early childhood programs, we know there is no True Way—there are only options. But what are those options, who has tried them, and how successful are they?

***Inclusion Forum*, a semi-annual topical newsletter, is a medium for open discussion about inclusion. Its intent is to share information and promote networking among practitioners interested in the idea of inclusive early childhood education. Each edition will feature a review of current literature, implementation strategies offered by programs across the country and a resource bulletin board. We hope the Inclusion Forum is a useful resource as you work to create programs that allow all children to learn and grow together.**

—Penny Wald
Community Integration Project

INCLUSION OF CHILDREN WITH DISABILITIES: *Finding Another Way*

Including children of diverse abilities and cultural backgrounds into community-based early childhood programs benefits everyone involved — children, families, and staff alike. This is the premise behind First CHANCE (Children with Handicaps Assisted and Nurtured in Childcare Environments), a federally funded model inservice project to support child care providers and other early childhood professionals with inclusion. First CHANCE provides continuing education courses, workshops on child development, family participation and integration, technical assistance for working with children with disabilities, and trainer seminars to prepare early childhood professionals to become integration resources within their own communities.

Inclusion involves placing children with disabilities into existing child care programs and other early childhood settings — but that is only the beginning. It works best when all children are actively encouraged to participate to their fullest potential .

First CHANCE staff work with local early childhood providers to devise and implement teaching strategies that maximize children's participation in their child care programs. One effective strategy is "finding another way." This strategy helps all children discover that there are many ways of doing things, thereby developing a sense of creativity and acceptance of diversity. For children with disabilities, finding another way means that their different way of communicating, their use of a helping tool to move, or their need for different rules to follow will be accepted by other children and integrated into the class room routine.

Early childhood care providers can help children learn about diversity through many activities during their normal daily routine. The following suggestions may help stimulate "finding another way:"

- ★ provide a variety of materials (different textures, weights, shapes) for open-ended activities;
- ★ include different props in the housekeeping corner, including adaptive utensils, braille menus and other helping tools;
- ★ encourage children to find their own way to move during dancing, obstacle courses, and other gross motor activities;
- ★ make available a range of riding toys, including child-sized crutches and wheelchairs, during outside play.

By providing learning opportunities which encourage diversity of responses among children, early childhood care providers are creating a nurturing and accepting environment that is not only developmentally appropriate for all the children in the group but also developmentally appropriate for each individual child.

For more information contact:

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Canton, MA 02021
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OUT OF THE MOU... Child Initi...

Maintaining a normal early childhood setting while addressing the unique needs of children with disabilities is a challenge all designers of quality inclusive settings must face. The Community Integration Project, and its predecessor Project APIP, have addressed this challenge by utilizing child-initiated themes as a pivotal programmatic variable. The CIP thematic approach incorporates best-practice from early childhood regular and special education. NAEYC guidelines for developmentally appropriate practice, such as a whole child approach, teaching from the interests of the learner and relevant and meaningful activities are an integral part of child-initiated themes. Specific teaching strategies which assist many children with special needs are embedded within the CIP thematic approach. These include:

> *"Themes focus on the content of the children's immediate lives and experiences"*

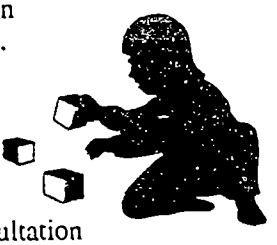
- ★ consistency and repetition of topic and vocabulary, allowing for "overteaching over time;"
- ★ topics which are familiar and relevant to the children, enabling children to build on information they already possess;
- ★ activities that simulate life outside the classroom, facilitating skill generalization.

CIP defines a child-initiated theme as a topic, subject, or experience of high interest to a group of

Helping Early Interventionists Serve Children with Challenging Behaviour: An Inservice and Technical Assistance Model

There is a strong consensus that providing services for children with disabilities in inclusive educational environments is critical. Unfortunately, children with challenging behaviors are often not readily included (Giangreco & Putnam, 1992). Challenging behavior has been defined as "behavior emitted by a learner that results in self-injury of others, causes damage to the physical environment, interferes with the acquisition of new skills and/or socially isolates the learner" (Doss & Reichle, 1989).

The goal of our Technical Assistance Project, Developing and Evaluating a Model of Inservice and Technical Assistance to Prevent Severe Challenging Behavior in Preschool Children (Mary McEvoy & Joe Reichle, Principal Investigators), is to assist public school districts in the development of transdiciplinary technical assistance teams. These teams can provide longitudinal consultation and assistance to educators in the treatment and prevention of severe challenging behavior in preschool children.



Within a school district, team members are selected to represent a variety of disciplines (i.e. early education, psychology, speech/language pathology). The team members are released for 5-10 hours per week to work on the team.

The teams meet weekly to discuss referrals and design specific interventions. For example, a teacher may be having a problem with a young child who rapidly moves from activity to activity, disrupting or hitting other children. A technical assistance team member would talk to the teacher about the problem and directly observe the child during transition periods. The direct observation may indicate the activity areas are too large with too many material choices. After discussing this information, team members might make a recommendation to the teacher that s/he rearrange the room to limit activity space, place teachers in closer proximity to children, and rotate toys or materials on a more frequent basis to encourage engagement. Team members assist the teacher with implementation of the intervention and are available for ongoing assistance with evaluation and suggestions for any necessary intervention.

In summary, the technical assistance teams work with parents and teachers to design proactive, user-friendly and effective interventions to help assure successful inclusive opportunities for children who exhibit challenging behaviors. Team members provide training, feedback, consultation, and ongoing evaluation for suggested interventions. In addition, the technical assistance team members are available to provide inservice training on such topics as intervention development, interdisciplinary collaboration, and inclusion.

For more information contact:
Elisabeth Lodge Rogers
The University of Minnesota
215 Pattee Hall
Minneapolis, MN 55455
(612) 624-5547

Giangreco, M., & Putnam, (1992) Regular education environments. In L. Meyer, C. Peck, & L. Brown (Eds.), *Critical issues in the lives of people with severe disabilities* (pp. 245-270). Paul H. Brookes Publishing Co.

Doss, L. S., & Reichle, J. (1989). Establishing communicative alternatives to the emission of socially motivated excess behavior: A review. *Journal of the Association for Persons with Severe Handicaps, 14*, 101-112.

...s of Babes... d Themes

children. Themes focus on the content of the children's immediate lives and experiences. They most often evolve from the staff's careful observation of the children. By noting the children's main topics of discussion and watching children during spontaneous play activities, staff are able to identify meaningful themes. Preschoolers suggest themes in various ways including asking questions, sharing thoughts about their lives, sharing an item from home, and showing a strength.

When implementing the child-initiated theme approach, the theme must be:

- ★ addressed throughout the daily routine;
- ★ reflected in the choice of materials available in the classroom;
- ★ constant for a minimum of one week, guaranteeing repetition and extended learning opportunities.

Further discussion on utilizing child-initiated themes as a powerful teaching strategy for children with and without disabilities in an inclusive preschool classroom can be found in ***Inclusive Early Childhood Education: A Model Classroom.***

For more information contact:
Lori Morris
The George Washington University
2201 G Street, NW, #524
Washington, D.C. 20052
(703) 836-0723

Abraham, M., L. Morris, & P. Wald (1993). ***Inclusive Early Childhood Education: A Model Classroom.*** Tucson, AZ: Communication Skill Builders.

Bulletin Board

Books

An Activity-Based Approach to Early Intervention
Diane Bricker and Juliann Woods
Paul H. Brooks Publishing Company
P. O. Box 10624
Baltimore, MD 21285-0624
1-800-638-3775

Inclusive Early Childhood Education: A Model Classroom
Marie Abraham, Lori Morris, & Penelope Wald
Communication Skill Builders
3830 E. Bellevue
P. O. Box 42050-E 93
Tucson, AZ 85733
(602) 323-7500

Integrating Young Children with Disabilities into Community Programs
Charles Peck, Samuel Odom, & Diane Bricker
Paul H. Brooks Publishing Company
P. O. Box 10624
Baltimore, MD 21285-0624
1-800-638-3775

Preschool Integration Network Handbook
The Family Child Learning Center
90 W. Overdale Drive
Talmadge, OH 44278

Videos

Video Training Programs
Educational Productions, Inc.
7412 S. W. Beaverton Hillsdale Highway, Suite 210
Portland, OR 97225
1-800-950-4949

Projects

Juliann Woods Cripe
Project KITS: Kansas Inservice Training System
Kansas University Affiliated Program
2601 Gabriel
Parsons, KS 67357
(316) 421-6550 Ext. 1767

Mary Ellen Hoy
Family Child Care Integration Project
Danny Chitwood Early Learning Institute
2280 N. Beauregard Street
Alexandria, VA 22311

Sarah Rule
Integrated Outreach for Utah Project
Center for Persons with Disabilities
Utah State University, UMC 6845
Logan, UT 84322-6845
(801)750-1991

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..... Lori Morris
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Inclusion Forum will be published semi-annually.

The Community Integration Project (CIP), a federally funded outreach project sponsored by The George Washington University, supports the inclusion of children with disabilities in early childhood programs. CIP assists LEAs and early childhood programs in combining resources and acquiring skills essential to quality inclusion.

This newsletter was developed under grant number H024D10010019 with the Office of Special Education and Rehabilitation Services, U.S. Department of Education (OSERS/DOE). The content, however, does not necessarily reflect the position or policy of OSERS/DOE, and no official endorsement of these materials should be inferred.

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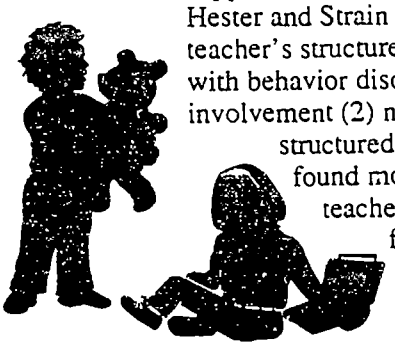
SPOTLIGHT ON THE CLASSROOM ENVIRONMENT

Environmental Tips for Inclusive Settings

Optional environments for inclusive early childhood settings — where to begin? Most educators would agree that the developmentally appropriate practice guidelines offered by the National Association for the Education of Young Children (Bredekamp, 1987) set the stage for quality inclusive programs. Recommended environmental practices such as well-defined activity areas, clearly labeled shelves, accessible materials, and an established daily routine, "provide the context of appropriate practices for children but are often not sufficient for meeting the specific needs of children with disabilities" (Graham and Bryant, 1993, p. 32). Environmental adaptations are often needed to maximize the capabilities of children with special needs.



A frequent problem for children with disabilities is engaging in purposeful play. McGee and colleagues (1991) suggest toy rotation as a possible environmental adaptation to promote engagement. "Engagement depends on both the novelty and the appeal of materials in the environment . . . A systematic plan of toy rotation provides variety for students while eliminating the burden of relying on teacher judgment, memory and time (p. 44)." Developing a system for toy rotation begins with the coding of materials according to dimensions such as thematic focus, developmental level, sensory quality and isolate vs. social toys. Materials are then organized into multi-dimensional sets which address a variety of abilities and interests, and are placed in appropriate activity areas on a rotating basis. Myhre (1993), in her article on prop boxes, extends the idea of toy rotation to the dramatic play area. Prop boxes are a collection of costumes, equipment, and expendables that transform the dramatic play area into a pretend setting such as a restaurant or beauty shop.

With novel materials available in the activity areas, it is time to consider how these materials could best promote interaction among the children. Are children more likely to interact with each other if the materials are simply plunked into the centers, or if activities are structured to help them use the new materials? DeKlyen and Odom (1989) examined the influence of teacher-imposed structure on children's interactions. Structure was defined by the degree to which the teacher introduced the activity, established the rules, provided the materials and assigned the roles. The study found that children interacted with one another more frequently in highly structured activities. These results supported the findings of a previous study by Shores, Hester and Strain (1976) which examined the effect of teacher's structure on the social interaction of children with behavior disorders, i.e., (1) direct teacher involvement (2) no teacher involvement or (3) teacher-structured play. Subjects in both studies were found most likely to interact with their peers in teacher-structured conditions. Both studies found that direct involvement of the teacher in the activity negatively impacted the social interaction among the children. This emphasizes the importance of having the teacher structure the activity and then remove herself from the group.

This article has presented environmental tips for maximizing children's engagement in play and social interaction. A review of the articles referenced below will provide you with additional ideas for creating optimal inclusive early childhood environments.

—Penny Wald
Community Integration Project
The George Washington University

Bredekamp, S. (1987). ***Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Eight.*** Washington, D.C.: National Association for the Education of Young Children.

DeKlyen, M. & Odom, S. (1989). Activity structure and social interactions with peers in developmentally integrated play groups. ***Journal of Early Intervention 13 (4): 342-352.***

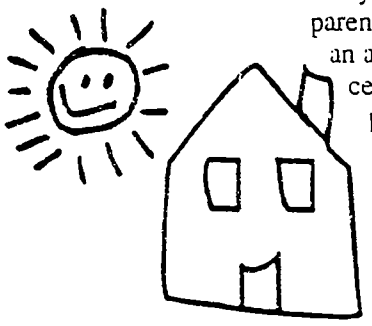
Graham, M.A. & Bryant, D.M. (1993). Developmentally appropriate environments for children with special needs. ***Infants and Young Children 5 (3): 31-42.***

McGee, G. G., Daly, T., Izeman, S. G., Mann, L. H., and Risley, T. R. (1991). Use of classroom materials to promote preschool engagement. ***Teaching Exceptional Children 23 (4): 44-47.***

Myhre, S. M. (1993) Enhancing your dramatic-play area through the use of prop boxes. ***Young Children 48 (5): 6-11.***

Chores, R.E., Hester, P. & Strain, P. S. (1976). The effect of amount and type of teacher-child interaction on child-child interaction during free play. ***Psychology in the Schools 12: 171-175.***

FAMILY CHILD CARE INTEGRATION PROJECT
Less Is Best



Family child care offers parents of young children an appealing alternative to center-based care. Many parents prefer a home setting for their infants and toddlers with special needs. The Family Child Care Integration Project (FCCIP) prepares family child care providers to include children with special needs in their homes. The FCCIP is grounded in a belief that quality, developmentally appropriate practice is best for all young children. The project unites the staff of a center-based program that includes children with special needs with a group of family child care providers in a unique partnership for inclusion.

Training begins with a workshop on creating environments that promote children's active learning. Providers learn strategies that foster inclusion of children with special needs in active learning environments. These strategies are guided by the principle that **less is best — environments should be adapted only to the extent necessary to meet a child's needs.** The child needs access to the toys and learning materials in the home, and she needs to use these materials in ways that enable her to "blend in" with the other children (The Family Child Learning Center, 1991).

When center staff visit providers to help them implement active learning environments, creative adaptations guided by the principle that "less is best" benefit all children in care. Providers sort materials into clearly labeled bins, and organize bins and larger toys in distinct play areas. Some adaptations that have occurred during the FCCIP are:

- rearrangement of furniture to allow space for children with walkers to access toys and materials
- textured labels for children with visual disabilities
- concrete labels (e.g. a Duplo taped to a bin of Duplos) for children with cognitive delays
- homemade books in the book area that include pictures of children and adults with disabilities
- tricycle handlebars used to support a child with gross motor delays as he or she learns to walk
- a spoon handle wrapped in duct tape for a child with cerebral palsy to grasp

Strategies like these pave the way for the inclusion of children with special needs in FCCIP family child care homes. They represent simple, effective, and affordable adaptations of the home environment.

For more information contact:
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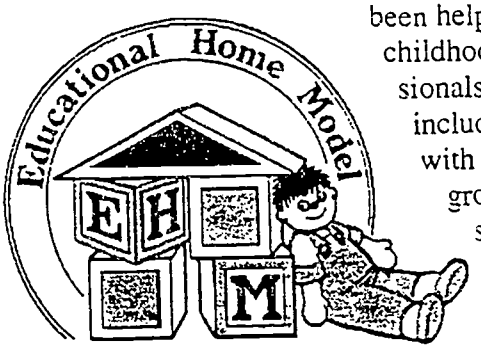
Family Child Care Integration Project
The Danny Chitwood Early Learning Institute
2280 N. Beauregard Street
Alexandria, VA 22311
(703) 820-6461

The Family Child Learning Center (1991) *The Preschool Integration Handbook.* Tallmadge, Ohio.

EDUCATION HOME MO
Take The Toy



EHM Outreach has been helping early childhood professionals successfully include children with disabilities in group care settings since 1987. The project provides a forty hour training curriculum and on-site technical assistance designed to teach the skills and the strategies needed to meet the challenge of caring for children with disabilities.

When a young child enters a preschool or child care program, the environment should speak directly to the child. The child needs to receive information about what to play and perhaps even how to play with the materials and equipment available.

So take the toys off the shelves and arrange them to give a clear play idea — arrange toys to illustrate an action that can be easily understood by the child. A stuffed animal sitting in a doll's chair with a spoon nearby, for example, might suggest a play idea for the child. That "message" could become even clearer if the spoon were balanced on the animal's arm as if

PROJECT COACH OUTREACH
Adaptations To Maximize Participation

Project Coach Outreach provides training in coaching and consultation skills in order to increase inclusive, community-based services for preschoolers with disabilities in Mississippi. This project is founded in the belief that children with disabilities can be successfully included in early childhood programs when staff are supported with carefully planned and skillfully delivered coaching and consultation.

Project Coach Outreach works with Local Education Agencies (LEAs) to encourage the adoption of this service delivery model in settings such as Head Start, preschool and child care centers. The LEAs provide community programs with consultants from the various disciplines, who in turn assist in the classroom, coach and collaborate with individual staff members and the team as a whole.

As the project has gotten underway, we've been impressed by the teachers' ingenuity in adapting materials to meet the varied needs of their students. A material we've seen used in multiple ways is plastic tubing available at hardware stores. For example, lengths of narrow tubing added to a set of stringing beads accommodate varied fine motor skills. Or a two foot length of wide clear tubing, almost filled with colored water and sealed with corks, becomes a bubble tube. One child works to make the bubble move by raising one end, while another child experiences range of motion exercises. Opaque tubing and tube connectors make hoops of varied sizes, ranging from small ring toss hoops to large hoops used to designate individual play spaces.

Other material adaptation ideas include gluing the picture pieces for matching/lotto games on small ceramic tiles to make them easier to pick up; mounting lids of magic markers on a board so markers can be opened without having to grasp and remove the lid; and replacing puzzle knobs with pipe cleaners so the puzzle pieces can be easily removed from the frame. These material adaptations have been carefully designed to support the successful participation of children with varying skills in inclusive programs.

For more information contact:
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Project Coach Outreach
Institute for Disability Studies
The University of Southern Mississippi
Box 5163
Hattiesburg, MS 39406-5163

...OUTREACH PROJECT
...ff The Shelf

eating. This arrangement does three things: First, it gives an immediate idea to act on so that the child can quickly get down to the business of playing. Second, this strategy is similar to saying "Why don't you try to feed the teddy bear some breakfast?", but you are using the environment to give the message, and teaching the child to look for play cues from their surroundings instead of from adults. Third, the child will be encouraged to participate in a play scheme that might be more sophisticated than one he or she would have thought of independently — the materials you select and the arrangement you provide can help the child interact more fully with the materials.

When you take the time to arrange materials to promote independent play instead of leaving them on the shelves, the message could very well change from one of "What do I do now?" to "I have a great idea!"

For more information contact:
Sarah A. Mulligan, M. Ed.
Project Director
Educational Home Model Outreach Project
52 N. Corbin Hall
University of Montana
Missoula, MT 59812
(406) 243-5467

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Books

The Creative Curriculum for Early Childhood
Diane Trister Dodge
Teaching Strategies, Inc.
P. O. Box 42243
Washington, D.C. 20015

The Preschool Integration Handbook: A Daycare Provider's Reference for Inclusion of Children with Disabilities
The Family Child Learning Center
Children's Hospital Medical Center of Akron
90 West Overdale Drive
Tallmadge, Ohio 44278

Early Intervention in Natural Environments: Methods and Procedures
Mary Jo Noonan and Linda McCormick
Brooks/Cole Publishing Co.
Wadsworth, Inc.
Belmont, CA 94002

Instruments for Assessing Environments

The Infant/Toddler Environment Rating Scale, 1989.
Harms T., Cryer D., & Clifford R. M.

Early Childhood Environment Rating Scale, 1980.
Harms T., Clifford R. M., & Cryer D.

The Family Day Care Rating Scale, 1989.
Harms T., & Clifford R. M.

All the above published by: Teachers College Press, 1234 Amsterdam Avenue, New York, NY 10027

Special Needs Items for the ECERS
Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill, NC 27514

Journal Articles

Graham, M., & Bryant, D. (1993). Developmentally appropriate environments for children with special needs. *Infants and Young Children* 5 (3): 31-42. (Published by Aspen Publishers, Inc.)

Trawick-Smith, J. (1992). The classroom environment affects children's play and development: Review of research. *Dimensions on Early Childhood* 21 (2): 27-30. (Published by the Southern Association on Children under Six)

Video

Setting Up the Learning Environment
High/Scope Press
600 N. River Street
Ypsilanti, MI 48198-2898
(313) 485-2000

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Newsletter Designer ..... **Tommye Geil**
Editorial Advisor ..... **Bruce Kauffmann**

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CIP/The George Washington University Information Line
Spring/Summer 1994
Vol. 2, No. 1

SPOTLIGHT ON TRAINING STRATEGIES

Follow-up: A Key Component of Successful Training

Dr. Barbara Wolfe, a trainer-of-trainers exemplar, is currently on the faculty of the Department of Special Education at the University of Wisconsin-Eau Claire. Prior to university teaching, she spent fifteen years providing inservice training on inclusion to early childhood professionals. We would like to share some of Barbara's thoughts on training gleaned from a recent telephone interview.

You have conducted research on best practices in inservice education. What did you find most helped teachers implement new ideas in their classrooms?

Factors that most helped teachers use new ideas in their classroom were (1) useful handouts/materials, (2) relevant content that addressed an existing need, (3) follow-up support, (4) practical content that could be applied immediately and (5) an effective trainer.

Did any of these findings surprise you?

Two were surprising—the importance of handouts (i.e. practical, relevant handouts) and the impact of the trainer on inservice outcomes. Participants defined effective trainers as knowledgeable, well prepared, credible, enthusiastic and able to use a variety of techniques including hands-on and interactive strategies. The good news about these characteristics is that people can learn them—that is, training isn't an inherent trait but rather a learned skill.

Let's talk for a minute about follow-up support. Could you define what you mean by follow-up?

Broadly speaking, follow-up can be defined as strategies and events that take place following the planned workshop experience. Some examples are a "back home" plan to try on the job, a follow-up class or workshop, on-site coaching by peers or trainers or a follow-up letter with resource articles.

Why do you think follow-up is so important in inservice education?

Learning is a process, not something that happens in a one-time training event. Change takes place over time and requires a focused effort for new ideas to be integrated into ongoing practice. Follow-up provides a strategy for focused effort over time, thereby increasing the chance that new ideas will actually become on-the-job behaviors.

What follow-up strategies have you found to be most effective?

In my research, not too many participants had experienced follow-up but those who had preferred (1) observing someone else demonstrating the new idea, (2) having on-the-job assistance or (3) participating in small group discussions with fellow staff or an administrator.

Two other specific follow-up strategies that can be offered to participants on a voluntary basis are: (1) **coaching** (peer or expert coaching) which is a labor intensive, one-on-one strategy where the coach serves as a mirror through which the teacher can examine her behavior, and (2) **peer support group** which brings participants back together to talk about the successes they have experienced and to brainstorm solutions that support implementation efforts.

Earlier you spoke of "back home" plans as a follow-up strategy. Can you expand on that?

A "back home" plan is like a personal learning plan. It is a good strategy for intensive full-day or multi-day classes. Each individual completes a plan indicating personal goals, what they will do to accomplish their goals, and possibly, products that will demonstrate accomplishment. Trainers can get feedback on the participants' progress toward their goals by doing follow-up visits, calling the site, or requesting video or written records.

It is sometimes difficult to motivate participants to complete a back home plan after a long training day, so I have tried using an "Aha" sheet where participants write down new ideas throughout the session. Then when they make their plan, I have them limit their ideas to 3 or 4 things to try at home. We usually take up to a half-hour at the end of the training course to develop an individual or team "back home" plan. Carry-over is sometimes increased by having participants verbally report their plan to someone else, or to the whole group. Somehow when you say it aloud, you feel more committed to action.

Is there anything else you would like to say?

Helping teachers learn new skills and incorporate them into the classroom requires an intensive system of training that utilizes multiple training strategies, including opportunities to observe, practice, receive feedback and talk about the ideas. It is paramount that administrators are committed to both the ideas being presented and the training design, which might require an increase in release time for training, planning or peer support.

For more information contact:
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Department of Special Education
University of Wisconsin-Eau Claire
Eau Claire, WI 54701

EMPOWERING PARENTS TO PARTICIPATE IN INCLUSION TRAINING

A recent North Carolina project trained parents of children with disabilities to serve as inclusion specialists through developing advocacy skills and participating in inclusion training for day care and other providers of services to children. This training, designed and conducted primarily by experienced parent advocates, was funded by the Partnerships for Inclusion Project at the Frank Porter Graham Child Development Center at the University of North Carolina - Chapel Hill.

The parents participating in the project represented a variety of socio-economic and family backgrounds, had children with different disabilities, and were located throughout the state. The parents agreed to participate in a two-day training session and follow-up activities. Expenses and a small honorarium were given to participants.

The training sessions and follow-up activities were designed to develop the participants' advocacy and presentation skills by focusing on the following:

- a working knowledge of the state's service delivery system;
- the ability to effectively present a personalized rationale for inclusion;
- a working knowledge of the basic rights of children with disabilities;
- the ability to work effectively within the system in advocating for inclusion.

Several of the sessions focused on giving parents a variety of "tools" to present their unique perspective on inclusion. Topics included incorporating humor, children's books and artwork, visual images and adult education principles to support presentations. Adult learning principles included giving audiences information they could use (relevance), showing how the information could be used to solve problems (practicality) and convincing audiences of the need to learn (motivation).

The parents left the two-day training with an "individualized education plan" to help develop their presentations. This written plan outlined the presentation pieces that were in place, i.e., the "strengths," and the pieces that needed to be developed, i.e., the "needs." As follow up, smaller groups met with one of the parent advocates. At these sessions, each parent trainee give a presentation. The other trainees and the parent-advocate acted as an audience of professionals who critiqued each presentation. This role playing helped prepare the trainees to present information before live audiences and to answer probing questions. The inclusion specialists now serve to link the parents to day care and related training programs across North Carolina.

For more information contact:
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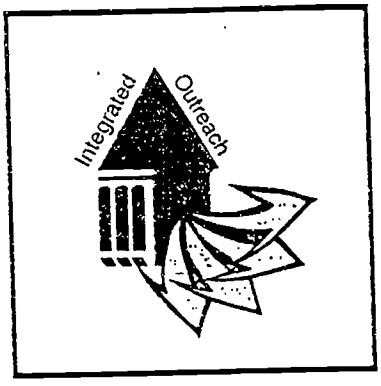
Partnerships for Inclusion Project
East Carolina University
4N-66 Brody Medical Sciences Building
Greenville, NC 27858-4354
(919)816-2591

GIVING THE HELP THAT TH



In 1981, the Social Integration Program (SIP), which was administered at Utah State University, began to serve children with disabilities in community-based child care centers. Its positive results for children, families and providers have led to subsequent projects to assist preschool personnel in serving children with disabilities. One of the biggest challenges facing community program inclusion efforts is providing the help that is needed ***when*** it is needed. Although training typically addresses many of the providers' anticipated needs, unanticipated needs inevitably arise as services are delivered to children and families.

To respond to providers' needs in a timely manner, we have found no substitute for "being there." When someone with special expertise in serving children with disabilities and their families is present on a daily basis, she/he can most easily develop the working relationships necessary to help teams provide effective services.

Although on-site support is our preferred form of technical assistance, we must often seek alternatives due to factors such as time and distance. After a good working relationship has been established, an itinerant person can offer assistance using telecommunication

Values and Attitudes First

Community Connections

The Community Connections Project at The George Washington University recruits and trains teams of child care providers who then support the inclusion of children with disabilities in their programs. The project is founded on the belief that all children with disabilities deserve the option of attending community programs with their non-disabled peers. It is committed to supporting child care personnel in their collaboration with other service providers to meet the needs of all children in inclusive settings.

As training begins, the first issue addressed is the participants' attitudes and values about disabilities. Addressing attitudes and values first gives participants the opportunity to talk about their fears and hopes. Trainees are asked to think about inclusion from a personal perspective by remembering and describing a time in their lives when they wanted to belong and felt excluded. People describe powerful childhood memories about being ridiculed in kindergarten, being excluded from a team, and/or being teased about their ethnicity. Through this exercise they remember the hurt of exclusion and they begin to empathize with the feelings of children in their care.

Next, participants complete a survey that asks them to rate their responses to a series of statements about inclusion such as:

- The parents of a child with disabilities should be able to decide what placement and services their child receives.
- For most children with disabilities inclusion works only if there is extra adult help.
- Inclusion is good for children with disabilities but the other children usually do not benefit.
- Teaching children with disabilities is much harder than teaching typical children.
- Some children would be better off in separate more specialized settings.

The group then discusses the range of responses. Because there are no right or wrong answers, this exercise helps people clarify their own values and beliefs and share their thinking with their colleagues. Teaming is vital to the success of inclusion and this exercise also helps the trainees understand and respect the values and beliefs of their team members.

By working through this process of examining and experiencing the power of attitudes and values about disabilities, the teams come to a common core of beliefs about inclusion. Team members then write a mission statement that will serve to guide their goals and activities as they plan for inclusion.

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(202) 994-5592

Need When They Need It

options such as the telephone. For example, during a weekly phone call to each site, the SIP consultant and provider reviewed each child's progress and together sought solutions to problems.

But sometimes a picture is needed to establish the context in which the problem occurs. Two strategies have proven advantageous in this situation. One is to "dialogue" through a videotape exchange. First, the provider makes a video demonstrating the problem and then the trainer responds by making a video that demonstrates an alternative practice. In the Early Ed Project, video exchange helped providers increase child engagement in small group activities by demonstrating alternative strategies for child-adult interactions.

Another strategy, interactive television, allows all parties to *see* what is happening as well as to talk about it. Using the state's educational television network, a speech and language pathologist in a television studio watched two children in preschools several hundred miles away. She gave the providers suggestions to stimulate language and then followed up weekly through videotape exchange. These alternatives allow us to deliver personalized help in a timely manner without spending hours traveling from program to program.

For more information contact:
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Utah State University
Logan, UT 84322-6805

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Early Childhood Inclusion Training Programs

Mainstreaming Young Children:
A Training Series for Child Care Providers
Pat Wesley. Partnerships for Inclusion
Frank Porter Graham Child Development Center
University of North Carolina
300 NationsBank Plaza 137 E. Franklin St. CB8040
Chapel Hill. NC 27599-8040
(919) 962-7364

Special Training for Special Needs
Cooperative Education Services Agency:
CESA 5
Portage Project
P.O. Box 564
Portage. Maine 53901

Including All Children: Training for Administrators and Caregivers
AGH Associates. inc.
Box 130
Hampton. New Hampshire 03842

SpecialCare Curriculum Trainer's Manual: A Resource for Training Child Caregivers
Child Development Resources
P. O. Box 299
Lightfoot. VA 23090
(804) 565-0303

Also Available

Inclusive Early Childhood Education: A Model Classroom
Marie Abraham. Lori Morris. & Penelope Wald
Communication Skill Builders
3830 E. Bellevue: P. O. Box 42050-E 93
Tucson. AZ 85733: Phone: (602) 323-7500

Publications

- *Training: The Magazine of Human Resources Development*
- *Creative Training Techniques*

Lakewood Publications. Inc.
50 South Ninth Street
Minneapolis. MN 55402
(800) 328-4329

- *Games Trainers Play: Experiential Learning Exercises*
- *Still More Games Trainers Play*

John W. Newstrom
and Edward E. Scannell
McGraw Hill. Inc.
New York. New York

Training and Development Handbook: A Guide to Human Resource Development
R. L. Craig. Editor
McGraw Hill. Inc.
New York. New York

Training and Development Journal
American Society for Training and Development
1640 King Street Box 1443
Alexandria. VA 22313
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..... **Lori Morris**
..... **Catherine Lethbridge**
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Editorial Advisor ..... **Bruce Kauffmann**

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The Community Integration Project (CIP), a federally funded outreach project sponsored by The George Washington University. supports the inclusion of children with disabilities in early childhood programs. CIP assists LEAs and early childhood programs in combining resources and acquiring skills essential to quality inclusion.

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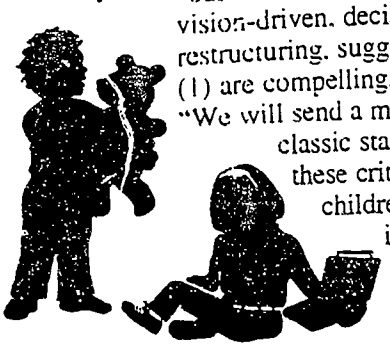
SPOTLIGHT ON COLLABORATION

Building a Vision for Collaboration

As communities strive to increase inclusive options in early childhood education, the need to pull together fragmented systems has raised new issues for planners and practitioners. Rejoining a fragmented system is not an easy task. Typically, a community may begin by establishing an interagency group with the mission of coordinating services to families. This type of cooperative initiative simply coordinates existing services and offers a reasonable starting point for change. However, in localities where the need and intent is to fundamentally change the ways services are designed and delivered, a collaborative strategy will be necessary (Melaville and Blank, 1991). Whether a partnership will be collaborative or cooperative in nature depends on "how far partners wish to move beyond the status quo" (Melaville and Blank, 1991).



The existence of a common goal or vision supports the notion of fundamental change and is a defining feature of a true collaboration. A shared vision requires that collaborating parties express their personal beliefs and build consensus around the issue they wish to address. Participants in this process are challenged to transcend their traditional roles and answer the question "What do we want to create?" rather than "What do we think we can do?". As service delivery barriers are broken down, there is an opportunity to create an inclusive vision and to have a collaboration where the whole becomes greater than the sum of the parts. Senge (1990) in his book The Fifth Discipline, states that a shared vision can "create the spark, the excitement that lifts an organization out of the mundane, . . . compel courage so naturally that people don't even realize the extent of their courage. . . foster risk taking and experimentation."

Collaboration may not always start with a clear vision, but rather begin with a sense that something needs to happen differently. The vision may not be clearly articulated for some time. Vandercook, York and Sullivan (1993) warn that engaging in a long-term commitment without taking the time to build relationships can be futile. Collaborations are fostered by encouraging participants to work together on small projects: offering opportunities to share philosophies, learning to communicate effectively and experiencing small successes. Collaboration is basically a people-to-people process. It is essential to create strong bonds and mutual respect between the collaborative partners as a first step in building a shared vision.

Creating a meaningful vision is an exciting and challenging task. To effectively sustain the commitment of the collaborative partners to change, a shared vision must include the deeply personal visions of each participant as well as mutually held beliefs. When this happens, a vision will be seen as both "my vision" and "our vision" (Senge, 1990). Rowe (1992), developer of a vision-driven, decision-making model for school restructuring, suggests that change requires visions that (1) are compelling, (2) are clear and (3) can be assessed. "We will send a man to the moon in this decade" is a classic statement of a vision that exemplifies these criteria. So too are the visions "all children can learn" or "all children can learn in school environments that are fully inclusive." Shared vision statements such as these can change the way a school system does business.

Collaboration is a process: it is not an end in itself. A collaborative effort will look different each time it is implemented. A specific model of collaboration cannot be "parachuted" into a state, community or classroom. It must be responsive to the culture of each new location (Blank and Lombardi, 1991). Collaborations are relationship-oriented and like all lasting relationships take time to develop.

—Lori M. Morris
—Catherine Lethbridge
Community Integration Project
The George Washington University

Senge, P.M. 1990. *The Fifth Discipline: the art and practice of the learning organization.* New York: Doubleday/Currency

Blank, M.J., and Lombardi, J. 1991 *Towards improved services for children and families: forging new relationships through collaboration.* White Plains, New York: A.L. Mailman Foundation

Vandercook, T., York, J. and Sullivan, B. 1993. True or false? Truly collaborative relationships can exist between university and public school personnel. OSERS *News In Print.* Washington, D.C.: United States Department of Education

Melaville, A. and Blank, M. 1991. *What it takes: structuring interagency partnerships to connect children and families with comprehensive services.* Washington, D.C.: Education and Human Services Consortium

Rowe, L. 1992. ODOM - A Process for Change. *Journal of the National Center for Outcome Based Education.* Vol.1 No.5

COLLABORATION:

An Interpersonal Effort

Meeting House Cooperative Preschool is a private community preschool in Alexandria, Virginia. Since 1991, the school, in collaboration with the Alexandria City Public Schools, has offered inclusive placements for children with disabilities. These children and their teachers are provided support by a special educator from the school system, who is on site at least two days per week. Partnerships between the regular and special educators require a variety of skills. In particular, three interpersonal skills have facilitated collaboration: ***communication, flexibility and support.***

Building rapport is an essential first step in establishing good communication. At Meeting House, initial meetings between the regular and special educators focused on sharing vital information (e.g., curriculum, IEPs) and clarifying expectations. Occasionally forms (e.g., role exchange form) were used to expedite these discussions. In addition, team members worked to develop a personal relationship. Limited free time was used to engage in casual conversations about ideas and concerns, helping to strengthen rapport.

Teamwork requires flexibility in both principles and practices. Regular and special educators often view issues that arise in inclusive programs from distinct perspectives. Being willing to reflect on differences and remain open to adapting one's practices helps to create a team approach. In one Meeting House class, a child with disabilities was having extreme difficulty during circle time. While the classroom teacher did not want this child to be separated, she agreed to the special educator's plan to pull the child out of circle time. The time was used to facilitate skills the child needed to participate in group time and eventually he was able to join in circle time.

Support among team members is a basic ingredient in successful collaborations. When there are problems to be solved, they are tackled together with each member contributing ideas and resources. In order to recognize problems as well as progress, goals must be defined. Goals may reflect objectives for children or next steps necessary for team development. With goals firmly in mind, the challenges can be identified and addressed, and the small steps made toward improvement can be perceived and acknowledged.

Establishing communication, remaining flexible and being supportive enabled the Meeting House staff to create a shared vision and meet the challenges the inclusion program presents.

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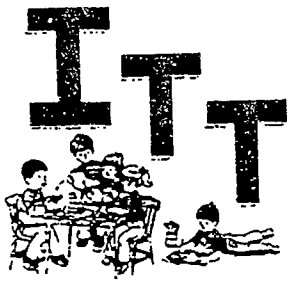
DEVELOPING COLLAB
To Promote Inc



The Inclusion through Transdisciplinary Team project (ITT) at the University of Idaho provides technical assistance to communities of professionals and parents who strive to promote inclusive lives for all young children. Examples of community teams include Interagency Council Committees, Head Start regional offices, and state departments of education. ITT's organizational approach to inclusion emphasizes the collaboration of persons representing different disciplines. A major characteristic of these teams is the wide range of perspectives toward inclusion by its members.

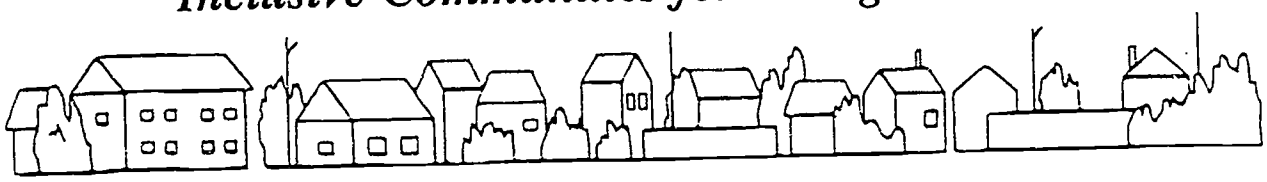
Working with a diverse group of persons presents both opportunities and challenges. Collaborative efforts are more effective than individual efforts. However, members' resistance to change often impedes collaboration. Commonly encountered sources of resistance and strategies for overcoming them are listed in *Figure 1* at right.

Source Of Resistance
No perceived benefit
Fear of incapability
Anxiety over uncertain outcomes
Fear of budget loss or salary change
Fear of lost responsibility or authority

We often facilitate team collaboration by having members learn and appreciate each other's views. Nonproductive arguing endangers relationships. By helping people to understand other perspectives, we remove sources of argument. We do this through a five-step process.

Welcome Everywhere:

Inclusive Communities for Young Children



Welcome Everywhere: Inclusive Communities for Young Children with Disabilities is a project designed to facilitate collaborative relationships and networks that result in inclusive programs and activities throughout communities. The Welcome Everywhere project supports building local capacity for inclusion through (1) administrative commitment, (2) involvement of a variety of stakeholders and (3) the availability of training and technical assistance. The project is conducted by the Center for Innovative Practices for Young Children at the University Affiliated Program of Indiana.

A major goal of the project is to promote inclusion in education and **non-education** settings throughout a community. This goal has prompted a unique aspect of the project—the establishment of local Inclusion Networks. An Inclusion Network is comprised of citizens representing a variety of organizations reflecting each community's unique strengths and resources. Network membership usually includes parents, educators, health professionals, social service providers, clergy, business persons and local government officials. The Inclusion Network meets over a period of twelve to eighteen months (four or five meetings) to carry out the following project-related activities:

- the development of a **Community Vision Statement**
- the identification of **Issues and Barriers** to inclusion
- the development of **Action Plans** to address issues and barriers
- the identification of **agencies and individuals to receive** Inclusion Network information

Specific formats, tailored to individual communities, are followed to facilitate the activities.

The success of the Inclusion Networks has been attributed to several factors, including the opportunity to work with a broad coalition of community members; the opportunity to consider new and different ways to address issues and barriers; and productive, fast paced meetings. As one participant noted, "It is a unique opportunity to expand views and promote change-attitudes about children with disabilities and their families can be dramatically altered and gaps can be filled. [It provided] a much needed forum for awareness."

The function and outcomes of Inclusion Networks differ from formal networks such as local interagency coordinating councils. By combining existing local associations and informal/formal networks associated with early childhood special education programs and agencies, Inclusion Networks have established and promoted inclusive practices across communities. The activities of each Network seem to have a ripple effect. Members indicate they share information with other people in the community. Those members, representing businesses and community organizations, have reported changes made in their practices to ensure the inclusion of children with disabilities and their families.

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Institute for Study of Developmental Disabilities
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Bloomington, IN 47408
(812) 855-6508

RATIVE ORGANIZATIONS
ive Communities

- *Prepare for developing the team:* Members learn as much as possible about each other, including their perceptions. Ways to do this include assuming each others' positions; active listening exercises; role playing; and sharing perceived strengths, weaknesses, opportunities and barriers in regard to efforts toward inclusion.
- *Set the tone for the team:* Identify interests common to all members through focus groups.
- *Define the team's purpose:* Focus on common interests and mutual concerns, not solutions. One way to do this is by developing a mission statement.
- *Generate options:* Create several options while avoiding obstacles such as premature judgment or belief in a single solution. At this time, goals should be formalized and prioritized.
- *Evaluate options and reach consensus:* Establish criteria for making decisions and initiate development of action plans.

We view team operations as a series of sequences that occur within the contexts of team development and crisis response. These are (1) team formation, (2) storming (exploring different perspectives), (3) setting team behavior norms, and (4) performance. Finally, we believe that some conflict is good, as it helps to facilitate team action.

Strategies
ıcrease knowledge ıvolve in planning)ffer financial support
)ffer training ·uild on strengths
'se active listening xpose to other successful ıclusive communities
ıvolve in planning ısure financial support
djust role expectations mphasize positive pects of change

Figure 1

For more information contact:
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Training Models

Best Practices in Integration (BPI) Inservice Training Model
Susan M. Klein
Department of Curriculum and Instruction
Indiana University, Bloomington, IN 47405-1006
(812) 856-8167

Partnerships in Early Intervention: A Training Guide on Family-Centered Care Team Building and Service Coordination
Waisman Center Early Intervention Programs
1500 Highland Avenue, Room 231, Madison, WI 53705
(608) 263-5022

Videos

The Business of Paradigms
Joel Barker
Chart House Learning Corporation
221 River Ridge Circle, Burnsville, MN 55337

Available through Inclusion through Transdisciplinary Teaming:
- *Stages of Group Development (1994)*
- *Teaming (1994)*
- *Resistance to Change (1994)*

Jennifer Olson
Idaho Center on Developmental Disabilities
University of Idaho, Moscow, ID 83843
(208) 885-6849

Also Available

Inclusive Early Childhood Education: A Model Classroom
Marie Abraham, Lori Morris, & Penelope Wald
Communication Skill Builders
3830 E. Bellevue; P. O. Box 42050-E 93
Tucson, AZ 85733; Phone: (602) 323-7500

Publications

A Community Approach to an Integrated Service System for Children with Special Needs (1988)
R. Hazel, P. Barber, S. Roberts, S. Behr, E. Helmstetter, and D. Guess
Baltimore, MD: Paul H. Brookes Publishing Company
(800) 638-2775

The Fifth Discipline: The Art and Practice of the Learning Organization
(1990) Peter M. Senge
New York: Doubleday

The Seven Habits of Highly Effective People
(1989) Stephen R. Covey
New York: Fireside—Simon and Schuster

Together We Can: A Guide for Crafting A Profamily System of Education and Human Services (1993)
A. I. Melaville, M. Blank, & G. Asayesh
U. S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328

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Appendix H
Three Keys to Successful Circle Time

THREE KEYS FOR SUCCESSFUL CIRCLE TIME: RESPONDING TO CHILDREN WITH DIVERSE ABILITIES

Submitted by:

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THREE KEYS FOR SUCCESSFUL CIRCLE TIME:

RESPONDING TO CHILDREN WITH DIVERSE ABILITIES

Early childhood classrooms increasingly reflect the growing diversity in the world around us. Classes frequently include children with a wide range of abilities due to differences in experience and development. How are we, as professionals, to meet the needs of all these children?

Both early childhood and early intervention literature suggest that responsive teaching practices offer meaningful solutions to the challenge of diverse abilities in our classrooms (Beckman, Jackson & Rosenberg, 1986; Cavallaro, Haney & Cavello, 1993; Mahoney, Robinson & Powell, 1992). Responsive teaching practices are designed to "accommodate a broad range of children's individual differences in prior experience, maturation rates, styles of learning, needs and interests" (NAEYC, 1991, p. 30). Much has been written about the use of responsive teaching strategies during child-initiated times (Atwater, Carta, Schwartz & McConnell, 1994; Bailey & McWilliam, 1990; Jones & Warren, 1991). Information about strategies that promote responsive instruction during teacher-directed large group times is less prevalent. This article presents three keys for designing successful circle time—a prototypical teacher-directed, large group activity. These three keys are (1) **multisensory**

experiences, (2) **multilevel instruction,** and (3) **multiple opportunities to learn**. Strategies associated with these three keys will be presented to guide teachers in planning circle time events that accommodate children with differing abilities. As a point of reference, Figure 1 provides an overview of traditional events of circle time and their main purposes.

CIRCLE TIME EVENT	MAIN PURPOSE
Opening/Greeting	Consistent cue that circle time has begun. Welcome group.
Calendar	Awareness of the sequence of time and traditional time units. Remember past events and mark future events. Introduce the day's important activities.
Weather	Observe weather and its effects on children's lives and environment.
Classroom Helpers	Identify roles and responsibilities children have within the classroom.
Attendance	Welcome and acknowledge each individual child.
Discussion	Communicate ideas, knowledge, and interests around topics.
Sharing/Show and Tell	Communicate personal interests.
Songs/Fingerplays	Movement. Theme-related learning.
Closing	Consistent cue that circle time is finished. Transition to next activity.

Figure 1. Circle Time Events

KEY #1: MULTISENSORY EXPERIENCES

Teacher: Let's close our eyes. What do you hear?

Children: The rain.

Pamela: Rain splashing on the roof.

Teacher: Okay, who are my weather watchers today? Kim and Andres will you let us know how the weather feels today?
They open the door and stick their arms outside.

Kim: My arm's getting all wet.

Andres: The sky is yucky, mucky.

Teacher: Come back and show us your arms. Ooh, can we feel how wet they are? What should we put on our weather board today?

Children: The rain drops!!!
Kim and Andres find the rain symbols and put them on the board.

Teacher: Can we make the same sound the rain makes?

Lawrence: I can. Plop, plip, plop, plip.
Pats his hands on his legs, fast then slow.

Weather, like other events of circle time, often involves knowledge and skills that extend beyond a preschooler's comprehension. The example above demonstrates how the topic of weather can be presented at a level that is meaningful to all young children. The understanding of concepts such as weather and rain is developed within a multisensory context–that is, both the feel of rain and the sound that it makes. Young children learn about the world around them by exploring with their senses (Kostelnick, Soderman & Whiren, 1993). The younger a child is, the more he or she relies on sensory exploration in order for

learning to occur (Katz & Chard, 1989). To a child, objects are to be experienced—touched, tasted, rolled on, and smelled.

While educators often consider children's hearing and vision when planning circle events, promoting other senses, such as smell, touch, movement, and body position, may not be as carefully thought out. In classrooms that include children with specific sensory deficits, such as vision and hearing impairments or sensory-integration disorders, it is essential to provide multisensory support. Figure 2 lists a variety of ways to include multisensory experiences in circle time activities.

VISION	• A brightly decorated "surprise box" containing objects for discussions or other activities • Routine cards clearly illustrating the main events of the day
HEARING	• Vary teachers' voice–tone, volume, pitch, and pace • Audiotapes of actual situations in children's lives, e.g., cafeteria sounds, their families at home
TOUCH	• "Talking stick"–a special stick or wand for a child who is speaking to hold and pass on to others • Introduce and allow children to explore novel materials in large group before putting in the classroom for general use
SMELL	• Rub a drop of "imagination oil" (a scented oil) on children's foreheads before role playing • A smelling jar–an opaque container with a perforated top containing scented items (instead of "show and tell," try "smell and tell")
TASTE	• Cover children's eyes and have them taste familiar foods • Incorporate food into activities, e.g. give children a taste of peanut butter and jelly prior to singing "Peanut Butter and Jelly"
VESTIBULAR (Gravity and body movement)	• Combine large motor movements, such as jumping and rolling with songs • Provide adequate space for movement
PROPRIOCEPTIVE (Body position)	• Use tangible object , e.g., carpet square, sit-upon mats, to mark individual spaces for sitting • Accept a variety of listening positions, e.g., sitting with legs straight, lying on belly

Figure 2. Adding Multisensory Experiences to Circle Time Activities

KEY #2: MULTILEVEL INSTRUCTION

The second key for successful circle time is multilevel instruction. It requires that teachers monitor and adjust their instructional demands to match the ability levels of each student. Consider this scenario.

"It's Tuesday, sharing day. Who has something to share?" Susie raises her hand. She moves to the teacher's side with a doll in her arms. *"What do you have to share?"* Susie looks straight ahead, lips closed, body twisting back and forth nervously. *"Go ahead."* Susie looks down at the floor. *"Can't you remember? That's ok, don't worry. We'll let someone else have a turn."*

What's wrong here? Is it that Susie failed to respond appropriately to the task, or that the teacher failed to adapt the task to match Susie's level of functioning? Rather than asking Susie to sit down, the teacher might have tried alternative strategies such as offering a verbal cue, "What a beautiful doll," or requesting an action, "Show us how you take the doll's shoes off."

When implementing a multilevel approach to instruction, it is important to first identify the instructional objective of the activity. Ideally, an instructional objective is broad enough to address a wide range of ability levels. For instance, an objective for sharing time might be that the children communicate personal interests by describing an object or event. The teacher must then determine if adjustments or adaptations are necessary to ensure that individual children can successfully respond to the stated objective. This section discusses three

instructional alternatives that support multilevel instruction during large group activities.

1. **Prompting.** It is difficult for many young learners to engage in large group discussions. This is especially true for children exhibiting language-related problems such as processing verbal information, attending to a speaker, or formulating a response. The use of prompts, such as visual, auditory, or tactile cues, assists learners in understanding and responding to group discussions and instruction (Schloss, 1986). Examples of commonly used prompts appear in Figure 3 .

Category of Prompts	Examples
Auditory Prompts	Verbal cues Songs Musical instruments
Visual Prompts	Gestures or facial expressions Pictures/photographs of real items Rebus charts
Tactile Prompts	Concrete objects Adult proximity Touch

Figure 3. Useful Prompts for Circle Time

2. **Varying Response Options.** Teacher-generated questions, such as "What did you bring to share today?" are common openers for circle time discussions. Yet the ability of young children to respond to these questions varies greatly, ranging from an inability to respond in words to using multiword sentences.

Maximizing participation in circle time dialogue requires that teachers offer children a variety of ways to respond including, nonverbal and verbal options. Figure 4 delineates sample response options.

Nonverbal	**Teacher prompts with:**	**Child responds by:**
	"Point to ..." "Pick one ..."	• pointing
	"Show me how you ..."	• pantomime or imitation
	Signed question or statement	• signing
Verbal	**Teacher prompts with:**	**Child responds with:**
	"Is this a ball?	• Yes or No
	"What is this?"	• Single word
	"Tell me one thing you did ..."	• Simple sentence
	"What kinds of things can you do with this?	• Open comments and discussion

Figure 4. Sample Response Options

3. Modifying Duration. A fatal flaw of circle time often lies in planning activities that tax the attention span of children. While twenty minutes of circle time activities may be appropriate for a group of four-year-olds, teachers of two-year-olds find that five to ten minutes of active songs and fingerplays is a more reasonable expectation. Circle time activities can be altered in several ways to be more responsive to children's attention span.

1. Shorten length of circle for entire group.
2. Shorten length of circle for specific child by giving an alternative task, e.g., taking attendance to office or helping to set up the next activity.

3. Shorten length of activities included in circle, e.g., limiting the number of children sharing or asking each child to tell just one thing.

4. Offer children alternative ways to participate in order to reduce wait time, e.g., holding the sharing basket or choral responding.

KEY #3: MULTIPLE OPPORTUNITIES TO LEARN

Teacher: Who remembers what we talked about in circle yesterday?

No one responds.

Teacher: Sandy can you tell the class what we talked about yesterday?

Sandy: Was it zoo animals?

Teacher: No, we talked about that two days ago.
You remember class, it was something very cold.

Students randomly call out:
Ice cream?
Ice cubes?
Frozen peas?
Snow?

Teacher: Right, we talked about snow!

Is this a particularly forgetful class? Expecting young children to retain knowledge after limited exposure to a concept is often unrealistic. Assimilation of information requires exposure over time—time for children to process, understand, and utilize knowledge (Katz & Chard, 1989). To make circle a meaningful learning experience, students must be given multiple opportunities to investigate key concepts and skills. This strategy of teaching concepts and

skills over time is especially important for children with developmental delays who often have gaps in knowledge or skills.

The cycle of learning (Bredekamp & Rosegrant, 1992) offers a framework for considering the impact of multiple exposures to a topic over time. The cycle of learning has four phases: 1) awareness, 2) exploration, 3) inquiry, and 4) utilization. Awareness begins when contact with an object, event, concept, or person occurs promoting an interest in a subject. During the second and third phases, exploration and inquiry, the child constructs a personal understanding of the subject and then compares this understanding to reality and/or to the ideas of others. In the final phase, utilization, knowledge is generalized and applied to new situations. Awareness of this process enables the teacher to gauge the amount of time and the number of learning opportunities necessary for the acquisition of new knowledge and skills. Following are three strategies that promote multiple opportunities to learn.

1. Choose a few circle time events and teach them daily. The daily repetition of the same circle time events offers students multiple opportunities to learn the associated concepts and skills.
2. Repeat a single concept in a variety of ways throughout a week or over several weeks. Figure 5 illustrates circle time activities that support the concept "musical instruments" over the course of a week.

Monday	Tuesday	Wednesday	Thursday	Friday
Sing familiar songs while playing musical instruments.	Record and recall: Record children playing instruments separately and play it back.	Show and tell: Children share instruments from home or school.	Game: Play instrument behind a screen. Have children guess what it is.	Invite parents to share their instruments and musical talents.

Figure 5. Circle Time Activities Focused on One Concept.

3. Use a thematic approach. Plan one to three weeks of activities around a single theme. Use circle time, as well as other daily activities, to introduce and expand concepts and skills associated with the theme.

APPLYING THE THREE KEYS

Knowledge of the three keys: (1) **multisensory experiences,** (2) **multilevel instruction,** and (3) **multiple opportunities to learn,** help teachers develop instructional practices that respond to students with diverse abilities. The three keys offer a framework for determining strategies that support the "hard to engage" child during large group activities. The following example demonstrates how the three keys can be applied to calendar, a common circle time event. Due to its abstract nature, calendars present challenges to teachers attempting to keep students actively engaged. The approach to calendar, discussed in the box below, was successfully used in a model inclusive preschool program where children with and without disabilities participated in all instructional activities together (Abraham, Morris & Wald, 1993).

CALENDAR

[Photo of calendar to be inserted]

Multisensory: The primary focus of calendar discussions center on the daily symbol. The daily symbol, a multisensory symbol made from real items, collage materials, photographs, or clear drawings, represents a special event or activity. Each day this symbol is placed on the calendar to mark time in a concrete manner.

Multilevel instruction: Conventional time units that appear on a calendar, such as months and days of the week, hold little meaning for most preschoolers. The concepts of past and future are difficult for young children to grasp. However, children easily discuss events that are real and significant in their lives such as birthdays, special activities, or field trips. The daily symbol serves as a concrete, visual prompt to help children distinguish one day from another. Numbers, days of the week and months, which are more abstract, appear on the calendar and offer alternative points of discussion depending on the readiness of individual children.

Multiple opportunities to learn: Presenting calendar on a daily basis allows children to have multiple opportunities to see the calendar as a method for marking time. Symbols for birthdays and other special events are placed on the calendar at the beginning of each month allowing children to anticipate future events. Children review the symbols at the end of each week, recalling themes or favorite activities. At the close of each month, children select their favorite symbol and describe its significance. This enables children to see the month in its entirety as well as recall the individual events. These highly prized symbols are taken home, giving children the opportunity to discuss significant events of the past month with their families.

* * * * *

The three keys for successful circle time: (1) **multisensory experience,** (2) **multilevel instruction,** and (3) **multiple opportunities to learn,** offer teachers of young children a framework for developing strategies that address

the diverse needs in their classrooms. The strategies included in this article represent the tip of the iceberg, serving as a beginning point for further exploration of responsive teaching practices.

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Appendix I
CIP Program Evaluation Instruments

Community Integration Project
Workshop Evaluation

Code _____ Name (Optional) _____

Position _____

Title of Workshop _____ Date _____ Location _____

Use the following scale to respond to the questions below:

1	2	3	4	5
Strongly disagree		Agree		Strongly Agree

____ 1. The workshop was relevant to my work.

____ 2. The workshop provided me with practical information.

____ 3. Questions asked in this workshop were answered in a satisfactory manner.

____ 4. The material was organized so I could understand it.

____ 5. This workshop addressed issues I currently face in my classroom.

____ 6. There were interesting group activities in this workshop.

____ 7. I had opportunities to share information with others in the workshop.

____ 8. This workshop provided practical strategies to use in my work.

Please complete the following:

The main theme of this workshop was _____
_____
_____

Three new things I learned today were
1. _____
2. _____
3. _____

One thing I would change about this workshop is _____
_____

10/20/92

Community Integration Project
Follow-Up Worksheet

Please complete this worksheet in teams

Title of Workshop _____

Team Members

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____

School/Center _____

Phone Number _____ Best time to contact you _____

As a result of this workshop, what practices do you plan to implement? Please list at least two ideas.

1. _____

2. _____

3. _____

What can we do to <u>support</u> you in implementing these practices?

CODE # _____

COMMUNITY INTEGRATION PROJECT - WORKSHOP QUESTIONNAIRE

Directions: Circle one number that best describes your classroom/program

	SCALE 1 = Rarely 3 = Sometimes 5 = Usually	Rarely		Sometimes		Usually
1.	Classroom activity centers contain enough material for 4-6 children to play simultaneously except when safety is a factor (i.e., construction center).	1	2	3	4	5
2.	During transitions between activities, children are designated specific roles or tasks (i.e., lining up, cleaning up materials, etc.).	1	2	3	4	5
3.	Visual cues are used to direct children during large group times and transitions (i.e., tape line on floor, stop sign on door).	1	2	3	4	5
4.	A theme is reflected in both child-directed and teacher-directed portions of the day.	1	2	3	4	5
5.	A variety of multisensory activities are incorporated into large group times.	1	2	3	4	5
6.	Each activity center has a distinct purpose and a specific name.	1	2	3	4	5
7.	Materials intended for children's use are stored in open, child-accessible shelving. Each item has its own space on a shelf (i.e., toys are not stacked).	1	2	3	4	5
8.	Staff plans specific activities to teach the daily routine.	1	2	3	4	5
9.	Stories are read daily to children.	1	2	3	4	5
10.	A consistent daily schedule is maintained which is predictable to the children.	1	2	3	4	5
11.	A repertoire of techniques is used to settle children down for large group activities.	1	2	3	4	5
12.	I feel comfortable in my ability to organize my classroom environment to meet the needs of diverse populations.	1	2	3	4	5
13.	The length of circle and story are modified to reflect the developmental levels of the children.	1	2	3	4	5
14.	Forty percent of my day is allocated for child-directed activities (i.e. free play, outside times).	1	2	3	4	5
15.	Activities are planned to teach classroom rules.	1	2	3	4	5
16.	A workshop discussing behavior management would be useful to me.	1	2	3	4	5
17.	Classroom materials/activity centers are changed to reflect the current theme.	1	2	3	4	5

	SCALE 1 = Rarely 3 = Sometimes 5 = Usually	Rarely		Sometimes		Usually
18.	Language goals are designated for specific children and/or the whole class.	1	2	3	4	5
19.	Instructional objectives are specified for each teacher-directed activity.	1	2	3	4	5
20.	Classroom activities interweave instrucitonal objectives and theme in a systematic manner.	1	2	3	4	5
21.	Children clearly demonstrate knowledge of current classroom theme (i.e. verbally describing theme, sharing relevant materials).	1	2	3	4	5
22.	An early childhood curriculum is consulted during lesson planning sessions.	1	2	3	4	5
23.	A workshop on facilitating language would be useful to me.	1	2	3	4	5
24.	Ideas for classroom themes come directly from children's interests as demonstrated in their play, conversations, and talents.	1	2	3	4	5
25.	A classroom center is set up which contains books, tapes, records, puppets, flannel boards for reading and listening.	1	2	3	4	5
26.	During child-directed activities teacher engage in children's play.	1	2	3	4	5
27.	I would like more strategies for encouraging peer to peer communication.	1	2	3	4	5
28.	There are several children who consistently misuse toys and materials.	1	2	3	4	5
29.	Information collected when monitoring child progress is used when planning lessons.	1	2	3	4	5
30.	During child-directed times, staff facilitate the language needs of specific children.	1	2	3	4	5
31.	Time is taken to formally introduce every new or novel material.	1	2	3	4	5
32.	I would like more information on social and cognitive play.	1	2	3	4	5
33.	Teachers keep records on individual child progress in the areas of motor, language, personal-social and cognitive development and share this information with parents.	1	2	3	4	5
34.	All families participate at least twice a year in a class project, trip or function.	1	2	3	4	5
35.	Parents of children in the class appear to build strong friendships with each other.	1	2	3	4	5
36.	Teachers ask all parents for at least two goals that they would like their children to accomplish over a school year.	1	2	3	4	5

Circle one number or item:

37. Staff use 1 3 5+ techniques to encourage children to play together.

38. Staff use 1 3 5+ methods to monitor child progress.

39. Staff use 1 3 5+ techniques for facilitating language.

40. Staff use 1 3 5+ methods for managing behavior.

41. The classroom is divided into 0 2 3 4 5+ activity centers.

42. The following items are labeled with words and pictures:

furniture storage containers storage shelves activity centers

43. Children are engaged in 10 20 30 40 50+ consecutive minutes of child-directed free play daily.

44. The school/center has adopted a formal curriculum. Yes ___ No ___

Please indicate any workshop topics that you feel would support you in your integration efforts.